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| U.S. Department of Homeland Security USCG Auxiliary CGAUXD7-1 (7/11) | | U. S. COAST GUARD AUXILIARY NON-REIMBURSABLE | | Member's EMPLID No. | |
| 1. Name of Member (Last Name, First Name, MI) | | 2. Member's Office | | 3. Flotilla No: | 4. Member Home Telephone: |
| 5. Date Begin Duty Assignment : | | 6. Date End Duty Assignment: | | 7. Office Approving Assignment to Duty: | |
| 8. BLANKET ORDERS FOR REPEATED ASSIGNMENTS TO DUTY (e.g., Program Visitors, Vessel Examiners, and other Duty Assignments where they repeat on various dates, over an extended period of time): Period of Assignment to Duty from to (Complete Block 10 for geographical location and Nature/Purpose of Assignment. See Block 13 for Details- For Group Assignments, List Members if Overall Change of Duty Assignment. List Names and EMPLID or other Members Assigned to Duty in Block 14) | | | | | |
| 9. Member's E-Mail Address: | | | | | |
| 10. Location(s) of Assignment: | | | 10a. Nature/Purpose(s) of Assignment: | | |
| 11. Member's Cell Phone Number: | | | | | |
| 12. Member's Home Address: | | | | | |
| 13. Additional Description and Details of Assignment to Duty: | | | | | |
| 14. For group assignments, list Name/EMPLID of all Members assigned: | | | | | |
| THESE ORDERS ARE FOR ASSIGNMENT TO DUTY PURPOSES ONLY | | | | | |
| 15a. Date | 15b. Name of Approving Officer: | | 15c. Office: | 15d. Signature | |
| The Approving Officer is normally the FSO/SO in charge of the function/activity. The Authorizing Officer is normally the elected FC, VFC, DCDR, VDCDR, or other officer having the authority to assign members to duty. Assignment to Duty Orders should be signed by the Authorizing Officer prior to the first date the Assignment to Duty commences. Assignment to Duty Orders may also be issued by e-mail from the Authorizing Officer to the Member with each paragraph numbered as in this form with the pertinent information provided in the email. Copies of ALL Assignment to Duty Orders must be retained by the Member, Approving Officer and Authorizing Officer for three (3) years. | | | | | |
| 16. AUTHORIZING OFFICER SIGNATURE (Name, Office) | | | 16.a. Date | 17. MEMBER'S SIGNATURE | 17b. Date |