State of Illinois
Department of Human Services

ILLINOIS AMERICORPS STATE MEMBER STATUS CHANGE REQUEST FORM

To be completed for any member slot or term that a program is requesting a status change for the term of service. Sub-grantee may not approve a status change without approval by Serve Illinois staff.

Member Name:	
Program Year:	
Program Name:	

Member Status Change Request:

- ☐ Member Suspension
- ☐ Reinstatement from Suspension
- ☐ Early Exit/Release for Cause (Explain in comments if the member performed satisfactorily)
- ☐ Early Exit/Release for Compelling Personal Circumstance (CPC documentation must be provided)
- ☐ Other Status Change Requests (Explain in comments)

Reason for status change request. If exit for Compelling Personal Circumstance (CPC), please attach documentation:

Suspension Start Date: _____ Return from Suspension Date: _____

Member Start Date:	
Member Exit Date:	

Member Term:

- ☐ FT (1700)
- ☐ QT (450)
- ☐ TQT (1200)
- ☐ MT (300)
- ☐ HT (900)
- ☐ AT (100)
- ☐ RHT (675)

***If exiting for a compelling personal circumstance, the Member is eligible for a prorated award if they have served at least 15% of their hours. Please see eCFR :: 45 CFR 2522.230 for guidance.**

Total Hours Required for Completion:	
Total Hours Served:	
Total Hours Completed:	

Program Director's Signature:	_____	Date: _____
Approved by:		
Serve Illinois Program Officer's Signature:	_____	Date: _____