



2020-2021 Illinois AmeriCorps*State Member Early Exit Form

(to be completed for any Member that does not fully complete their term of service)

Member Name _____

Program Year _____

Program Name _____

Member is being exited early due to:

_____ Compelling Personal Circumstances (documentation attached) (may be eligible for an award)*

- Medical reasons requires a physician's statement specifying that member can no longer serve. It does not require to include specific medical information, it is just required to specify that they can no longer serve their term of service due to medical reasons.
- Pre enrollment delay of verification requires a screenshot of the enrollment verification dates and a statement of when they were supposed to start and end their term.
- COVID-19 Related

_____ Release for Cause (documentation attached) – can no longer serve in AmeriCorps (not eligible for an award)

_____ Member did not fully complete service requirements (not eligible for an award)

Member Start Date: ___/___/___

Member Exit Date: ___/___/___

Total Hours Required for Completion: _____ Total Hours Served: _____

Percentage of hours completed: _____%

Education Award Amount*: \$_____ (Only allowed for Compelling Personal Circumstances)

**If exiting for compelling personal circumstance, the Member is eligible for a prorated award if they have served at least 15% of their hours. If exiting for COVID-19 related reasons, the Member is eligible for a full award if they have served at least 50% of their hours. If they have not, the compelling personal circumstance rule applies.*

Program Director's Signature _____

Date _____

Approved by:

Serve Illinois Program Officer's Signature _____

Date _____

For Serve Illinois Program Officer:

Was Member exited in eGrants within 30 days? Yes ___ No ___ If no, how many days? ___