



## 2020-2021 Illinois AmeriCorps\*State Member Early Temporary Suspension of Term

\*\*Must be completed before suspension\*\*

S u s p e n d	Member Name _____	Program Year _____
	Program Name _____	
	Member is being temporarily suspended due to the following reasons: (attach appropriate documentation)	
	_____	
	Member Start Date: ___/___/___	Member Suspension Date: ___/___/___
	Program Director's Signature _____	Date _____
<b>Approved by:</b>		
SIC Program Officer's Signature _____	Date _____	
R e t u r n	Member Return from Suspension Date: ___/___/___	
	_____ Program Officer please initial that a plan is in place to ensure the member is able to complete the required number of hours before the end of the grant period.	
	Program Director's Signature _____	Date _____
	<b>Approved by:</b>	
	SIC Program Officer's Signature _____	Date _____

For Program Officer:

**Was Member suspended in eGrants correctly? Yes \_\_\_ No \_\_\_ If no, how many days? \_\_\_**