



2022-2023 Illinois AmeriCorps*State Member Early Temporary Suspension of Term

S U S P E N D	**Must be completed before suspension**		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Member Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Program Year</td> </tr> </table>	Member Name	Program Year
	Member Name	Program Year	
	Program Name		
	Member is being temporarily suspended due to the following reasons: (attach appropriate documentation)		
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Member Start Date: / / </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 45%;">Member Suspension Date: / / </td> </tr> </table>	Member Start Date: / /		Member Suspension Date: / /
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Program Director's Signature	Date		
Approved by:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">SIC Program Officer's Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	SIC Program Officer's Signature	Date	
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R E T U R N	Member Return from Suspension Date: / /		
	<p>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.</p>		
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For Program Officer:

Was Member suspended in eGrants correctly? Yes ___ No ___ If no, how many days? ___