



2025-2026 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:

- | | |
|--|---|
| <input type="checkbox"/> FT (1700)
<input type="checkbox"/> TQT (1200)
<input type="checkbox"/> HT (900)
<input type="checkbox"/> RHT (675) | <input type="checkbox"/> QT (450)
<input type="checkbox"/> MT (300)
<input type="checkbox"/> AT (100) |
|--|---|

***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:	
Percentage of hours completed:	

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

The Program Representative should NOT sign this document until the Serve Illinois Program Officer has approved or denied the request and will then return for program signature.