**2023-2024 AmeriCorps**

**Change of Status/Early Exit Form**

***This form must be approved by MCSC prior to any change of status. The completed form should be placed in the Member file and updated as need.***

|  |  |  |
| --- | --- | --- |
| **1.** | Name of Member: |  |
| **2.** | Member ID Number: |  |
| **3.** | Program Name: |  |
| **4.** | Program Contact: |  |

☐ **Suspension**

|  |  |
| --- | --- |
| Proposed suspension date: |  |
| Reason for suspension: |  |
| Proposed return to service date: |  |
| Date suspended (after approved by MCSC): |  |
| Date returned to service: |  |

☐ **Transfer**

|  |  |
| --- | --- |
| Proposed new program: |  |
| Reason for transfer: |  |
| Has the new program accepted the transfer request, and does the new program have a slot available: |  |
| Date transferred (after approved by MCSC): |  |

☐ **Change in slot type**

|  |  |
| --- | --- |
| Current slot type: |  |
| Proposed new slot type: |  |
| Reason for the change in slot type: |  |
| Date changed (after approved by MCSC): |  |

☐ **Early exit**

**Member exiting early due to (select one):**

☐ **Compelling Personal Circumstances (attach documentation)(potentially eligible for award)**

* The reason for the exit must be outside the Member’s control. See the Program Director Manual for more information.
* Medical reasons requires a physician’s statement specifying that member can no longer serve. Personal medical information is not required.
* 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 prorated rule applies.

☐ **Release for cause (attach documentation)(not eligible for an award)**

* If Member seeks a placement with AmeriCorps again, they will have to note that they were released for cause. This may preclude them from serving again.

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

**Complete for any selected above:**

|  |  |
| --- | --- |
| Member start date: |  |
| Proposed exit date: |  |
| Total hours required for completion: |  |
| Total hours serve: |  |
| Percentage of hours completed: |  |
| Prorated education award amount (estimate, the Trust will determine actual award): |  |
| Date exited (after approved by MCSC): |  |

Program Official Signature Date

**Approved by:**

|  |  |
| --- | --- |
| MCSC Staff Member: |  |

MCSC Signature Date