



## Member Change of Status Form

*AmeriCorps program should complete this member change of status form and place in member file whenever a member's status changes.*

**Member Name:** \_\_\_\_\_ **Date Status Changed:** \_\_\_\_\_

*(Fill in the effective date that the change took place. The effective date is the last day that hours were earned or the date that service was resumed.)*

**New Status:**

<input type="checkbox"/> <b>Suspended</b>	<input type="checkbox"/> <b>Reinstated</b>	<input type="checkbox"/> <b>Exited</b>	<input type="checkbox"/> <b>Reduced Time</b>
Reason Suspended: <input type="checkbox"/> Personal Compelling Circumstance* <input type="checkbox"/> Disciplinary action <input type="checkbox"/> Member is unable to serve any hours during full pay period <input type="checkbox"/> Grievance filed	Reason Reinstated: <input type="checkbox"/> Member released to return to service* <input type="checkbox"/> Member is returning from disciplinary action <input type="checkbox"/> Member is returning from period when unable to serve during full pay period <input type="checkbox"/> Grievance is resolved with finding in member's favor	Reason Exited: <input type="checkbox"/> Completed Service Term <input type="checkbox"/> Early: Personal Compelling Circumstance* <input type="checkbox"/> Early: Dismissal/Termination* <input type="checkbox"/> Early: Resignation	Reason Reduced: _____ _____ Reduced to: <input type="checkbox"/> Half time <input type="checkbox"/> Reduced half time <input type="checkbox"/> Quarter time <input type="checkbox"/> Minimum time

**\*Must be documented.** Examples of documentation include: Letter from doctor or counselor, letter from court or probation officer, letter from welfare office, notification of call to military service, documentation of unforeseeable or uncontrollable events (natural disasters, relocation of family/spouse.), clear documentation that member has moved through disciplinary process (written warning, signed write-up, etc.) *Place medical documentation in separate file.*

**\*Programs must consult with Nevada Volunteers before making a determination of Personal Compelling Circumstance.**

<b>Member Change of Status Steps Completed (if not required enter N/A)</b>
_____ Suspend/Cancel/Reinstate/Reduce Payment of Member Living Allowance
_____ Suspend/Cancel/Reinstate Member Childcare
_____ Suspend/Cancel/Reinstate Member Healthcare
_____ Suspend/Reinstate/Exit Member in eGrants <i>within 31 days</i>

<b>Member Education Award Eligibility</b>
<input type="checkbox"/> <b>Member is eligible for an education award of \$</b> _____
<input type="checkbox"/> <b>Member is not eligible for an education award</b>

**Program Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that my healthcare and childcare will be (circle one): Cancelled    Suspended    Reinstated  
 And payment of my living allowance will be (circle one): Cancelled    Suspended    Reduced    Reinstated

**AmeriCorps Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_