**AMERICORPS KANSAS CHANGE OF STATUS WORKSHEET.**

*Place original document in the AmeriCorps member file*

*Electronic Signature is permissible if organization policy is established.*

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Program &amp; Site Location:</th>
</tr>
</thead>
</table>

### CHANGE

<table>
<thead>
<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Effective date is the last day hours were earned or date of resumed service</em></td>
<td>□ Active</td>
<td>□ Suspended Service</td>
</tr>
<tr>
<td></td>
<td>□ Suspended</td>
<td>□ Transfer Out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Termination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Reinstated</td>
</tr>
</tbody>
</table>

### EARLY TERMINATION

If the member is leaving the program, complete one of the below right sections.

I understand that due to my transfer, suspension or termination of my service term that:

- My health insurance coverage through the program ends on the last day of the month of the last month in which I served;
- I will only receive a living allowance through the last day that I served (the effective date above); and
- Any child care allowances received through AmeriCorps will be terminated as of the effective date above.

I understand that unless I am being exited from the program due to compelling personal circumstances:

- I am not eligible for any portion of an education award from AmeriCorps; and
- AmeriCorps will not pay any portion of the interest that has accrued on loans placed in forbearance.

**SUPENDED SERVICE** (attach supporting documentation)

Reason:

- □ Compelling Personal Circumstance with Intent to Complete term within 2 years *Note: this means you must monitor this and exit them at the 2 year mark.*
- □ Suspended with Intent to Transfer
- □ Grievance Procedure Initiated
- □ Legal Charge Applied
- □ Minor Disciplinary Action

**Termination** (attach supporting documentation)

Reason:

- □ Compelling Personal Circumstances
- □ Dismissal
- □ Resignation

**TRANSFER OUT**

New Program Name: _______________________________
City/State: _______________________________________

### REINSTAED/ACTIVE

If the MEMBER is returning to the program, complete the section below on the left. The program director and the member sign below on the right.

**Previous Service Totals**

Service: ___________
Training: ___________
Fundraising: ___________
Weeks Served: ________

**Remaining Balance**

Hrs left: ________
Max. fundraising: ________
Week/Months left: ________
*(do not include days already served)*

I understand that upon resuming my term of service at the program that I only have the balance of my service term to complete the balance of my service hours.

**AmeriCorps Member Signature Date**

**Program Director Signature Date**

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AmeriCorps Member Signature Date

Program Director Signature Date