Change of Status Form

SERVMO — AMERICORPS IN MISSOURI

This is used for members currently enrolled in the program. A ServMO staff member must approve this form *prior to any change of status*.
The completed form should be placed in the Member file and updated as need.

Member Name: _____
Member ID Number: _____
Program Name: _____
Program Contact: _____

☐ **Suspension**

Proposed Suspension Date: _____
Reason For Suspension: _____
Proposed Return to Service Date: _____
Date Suspended: _____
(After Approved by ServMO)
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 ServMO Staff): _____

☐ **Change in slot type**

Current Slot Type: _____
Proposed New Slot Type: _____
Reason For the Change in Slot Type: _____
Date Changed:
(After Approved by ServMO Staff) _____

☐ **Early Exit (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 require 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.

☐ **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 this section 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: (Estimated, The Trust Will Determine Actual Award)	
Date Exited: (After Approved by ServMO)	

Program Director Signature: _____   Date: _____

ServMO Staff Member Signature: _____

ServMO Staff Member Name Typed: _____   Date: _____