



# Corps Network Education Award Program Program Suspension Form

On \_\_\_\_\_, AmeriCorps member \_\_\_\_\_  
(Date) (Member Name)

is being suspended from the program for the following compelling circumstance:

- Medical Reasons:
- Illness or death of the member's family member
- Minor disciplinary action
- Vacation or Holiday
- Furlough or Weekend (All dates to be noted below):

\_\_\_\_\_

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

Member plans to return to the Corps and will check in monthly until his/her return.

- Yes
- No

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

Reinstatement Date: \_\_\_\_\_

Reinstated to:  Resume Service  Exit with No Award  Exit w/ Partial Award (Partial Award Form Req'd)

(Must be approved by CMD Manager/ CCC HQ)

***Suspensions and reinstatements must be entered into the Portal within 30 days.***