



Suspension from CESC AmeriCorps Service Authorization Form

This form must be received with relevant documentation (as needed) and signed by CCC HQ CESC AmeriCorps staff before a member's term of service can be suspended.

Member Name: _____

Service Site Name: _____

Date of Suspension: _____ Anticipated Date of Reinstatement: _____

Briefly explain the reason for the suspension and describe any attached documentation:

Four horizontal lines for text entry.

My signature below certifies that the information on this form is accurate and signifies my understanding that:

- Any service completed while I am suspended will not be counted toward my CESC AmeriCorps term; and
• If I do not apply for reinstatement or for exiting for Personal & Compelling Circumstances, I may forfeit my AmeriCorps Education Award.

CESC AmeriCorps Member

Signature: _____ Date: _____

Printed Name: _____

CESC Service Site Staff

Signature: _____ Date: _____

Printed Name: _____

CCC HQ Representative Approval

Signature: _____ Date: _____

Printed Name: _____