



CESC AmeriCorps Service Reinstatement Authorization Form

This form must be received with appropriate documentation and signed by CCC HQ CESC AmeriCorps staff before a member's term of service can be reinstated in eGrants.

Member Name: _____

Service Site Name: _____

Date of Suspension: _____ Requested Date of Reinstatement: _____

Briefly explain how the reason for the suspension has been addressed and why a reinstatement is appropriate (describe any attached documentation):

Four horizontal lines for text entry.

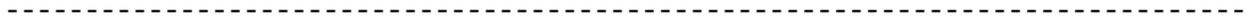
My signature below certifies that the information on this form is accurate and signifies my understanding that:

- Any service completed while I am suspended will not be counted toward my CESC AmeriCorps term; and
• My reinstatement does not take effect until my status has been changed in eGrants. Service hours performed before the reinstatement is finalized in eGrants will not count toward my CESC AmeriCorps term.

CESC AmeriCorps Member

Signature: _____ Date: _____

Printed Name: _____



CESC Service Site Staff

Signature: _____ Date: _____

Printed Name: _____

CCC HQ Representative Approval

Signature: _____ Date: _____

Printed Name: _____