## **Suspension from Bonner AmeriCorps**

## **Service Authorization Form**

This form must be received by national Bonner AmeriCorps staff 25 days from the desired date of suspension. All time logs must up to date, submitted, and approved by the Campus Administrator and Bonner AmeriCorps Program Staff at the Foundation prior to the suspension date. Otherwise those hours may not be counted toward the total service hours. Service hours completed during the period of suspension will not be counted toward your Bonner AmeriCorps term.

Member Name:

School Name:			
	f Suspension:	Expected Date of Reinstatement:	
Briefly	explain the reason for suspension	provide any available documentation:	
My sig	nature below certifies that the info	ormation on this form is accurate and signifies i	ny understanding
•	I must to submit a Reinstatement Form within 25 days of my desired reinstatement date before I can count hours toward my Bonner AmeriCorps term;		
•	Any service completed while I am suspended will not be counted toward my Bonner AmeriCorps term;		
•	If I do not apply for reinstatement or for exiting for Personal & Compelling Circumstances within two years, I may forfeit my AmeriCorps Education Award.		
——— Name:	Bonner AmeriCorps Member	Signature: Bonner AmeriCorps Member	Date
——— Name:	Campus Program Administrator	Signature: Campus Program Administrator	Date
 Name:	Bonner Foundation Approval	Signature: Bonner Foundation Approval	Date