



**New Jersey Bonner  
AmeriCorps Program  
Suspension of AmeriCorps Service  
Authorization Form  
2015-2016**



Please complete this form to apply for suspension of your AmeriCorps term of service. Suspension will only be granted for compelling personal circumstances as outlined in the Member Contract. This form must be received within 14 days of the desired suspension start date. All outstanding hour logs should be up to date, submitted, and approved by the Site Supervisor and/or Campus Director. AmeriCorps members are not permitted to serve any hours during the suspension period. In addition, Members will not receive any portion of the living allowance during the suspension period. Health benefits will also cease during the period of suspension.

Member Name: \_\_\_\_\_

Service Site Name: \_\_\_\_\_

Campus Name (if applicable): \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Expected Date of Reinstatement: \_\_\_\_\_

Please briefly explain the reason for suspension. Please attach required documentation.

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

- I must submit a Reinstatement of AmeriCorps Service Authorization Form within 7 days of my desired reinstatement date.
- I am not permitted to serve any hours during the suspension period.
- I will not receive any portion of my living allowance during the suspension period. Health benefits will also be suspended during this time.
- If I do not apply for reinstatement or release for compelling personal circumstances, I will be exited for cause and will not receive any portion of the AmeriCorps Education Award.
- I understand that the required National Sex Offender Public Website Check, the State Criminal History Check(s) and the FBI Criminal History Check will be re-run if the period of suspension exceeds 30 days.

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Site Supervisor Signature Date

\_\_\_\_\_  
Campus Director Signature Date

\_\_\_\_\_  
Program Staff Signature Date