



**Service Termination Form**

**Parenting Education Project  
Mental Health Association in Texas  
8401 Shoal Creek Blvd.  
Austin, TX 78757  
(512) 454-3706**

**Please submit this form within 7 days of the resignation or termination of any AmeriCorps member from your project site.**

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Name of project site: \_\_\_\_\_

Name of AmeriCorps member who resigned or was terminated: \_\_\_\_\_

Effective date of termination: \_\_\_ / \_\_\_ / \_\_\_

**SAMPLE**

Total number of hours of service prior to termination: \_\_\_\_\_

Please give a detailed reason for the resignation or termination. Partial scholarships may only be awarded in cases of personal emergencies (such as serious illness of the member or someone in his or her immediate family, or the death of an immediate family member.) If the member wants a partial scholarship, you must provide enough information for us to make a determination that this is a personal emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this member receiving child care paid for by AmeriCorps?  YES  NO

If yes, date the child care provider was notified that the member has been terminated and that AmeriCorps will no longer pay for child care: \_\_\_\_\_

Note: host sites are financially responsible for any child care charges resulting from the lack of timely notification of child care providers that a person is no longer eligible to be reimbursed for child care by AmeriCorps

Signature of approving supervisor: \_\_\_\_\_