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| --- |
| **Legal Applicant Name**: Enter Organization Name |
| **Program Name**: Click here to Program Name. | **Member’s Name**: Enter Name |
| **Program Staff Name**: Enter Name | **Member Slot Type**: Choose an item. |
| **Service Agreement End Date**: Enter Date | **Proposed New End Date**: Enter Date |

**Duration of Service Waiver:** Members in OneStar-funded AmeriCorps programs must serve and actively accrue service hours through the end date specified in their executed Member Service Agreement to fulfill the duration requirement. However, programs may request a waiver from the duration requirement for members in certain, unusual circumstances if the member has completed their minimum hours requirement and all other program-specified requirements, is in good standing with the program, and is seeking one of the following post-service options: 1) serving in another national service program that requires the member to start a new term of service before their current term concludes; 2) participating in a valuable Life After AmeriCorps opportunity that requires the member to start before their current term concludes. Program staff are under no obligation to request such waivers for their members and should only do so if the program is in full support of the member’s requested change in service end date. Members who have not completed their minimum required hours as defined by their original service agreement are not eligible for this waiver. Waivers must be approved by OneStar in writing before allowing members to change their service end date. The duration of the Term of Service shall fall within the Sub-Grantee’s approved budget period.

**What is the Life After AmeriCorps opportunity and the reason for the waiver request? Additionally, what attempts have been made to delay the start date until after the member’s term of service ends?**

Click here to enter text.

**How will the member leaving early impact the program’s performance measurement outputs, outcomes and primary program activities?**

Click here to enter text.

**Please agree to the following by checking the boxes:**

[ ]  If this waiver is approved, the program will include an amendment to the Member Service Agreement approving the change in duration to his/her term of service.

[ ]  If this waiver is approved, the program will retain documentation of approval.

[ ]  The member has completed or is on track to complete the required number of service hours as outlined in the original service agreement before the proposed new end date. The member has completed or will complete all program-specified requirements and is in good standing.

[ ]  The program has documented the due diligence of the member to delay the start date of the Life After AmeriCorps Opportunity.

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| --- | --- | --- |
|  |  |  |
| Program Staff Signature |  | Date |

**To be completed by OneStar Staff:**

[ ]  OneStar approves this Duration of Service Waiver

[ ]  OneStar denies this Duration of Service Waiver

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| --- | --- | --- |
|  |  |  |
| Grants Officer’s Signature |  | Date |
|  |  |  |
|  |  |  |
| Director’s Signature |  | Date |