



Member Exit Checklist

Member Information

Member Name: _____

Member Slot Type:

Full-Time Reduced Full-Time Half-Time Reduced Half-Time Quarter-Time Minimum-Time

Start Date: _____

Suspended on: _____

Exit Date: _____

Reinstated on: _____

Hours by Type				Hours Approved by Role		
<u>Total</u>	<u>Service</u>	<u>Training</u>	<u>Fundraising</u>	<u>Member</u>	<u>Supervisor</u>	<u>Program</u>

Exiting Information

National Service Trust Exit Form

Hour Log Approvals

End-of-Term Evaluation

Exit from eGrants (Must be completed within 30 days of last day of service.)

Date: _____

Exit from My Service Log

Date: _____

Completed by: _____

Date Completed: _____