Form C

T.E.A.C.H. Early Childhood® TEXAS

Release Time Reimbursement Claim Form

Sponsor Information

Program License #: _____

Program Name
& Address:

For:

Recipient Social Security #:
Recipient Student ID #:
Recipient Name:
College:
T.E.A.C.H. Counselor: Megan Burk

Term Covered by this claim check one	(You must use a separate sheet for each semester) ☐ **FALL** ☐ **SPRING** ☐ **SUMMER** ☐ **WINTER** _____ **Year** _____

Release Time Claimed

	Date release time actually given	**# of Hours Off** Round to nearest 1/2 hour	**Date release time actually given**	**# of Hours Off** Round to nearest 1/2 hour
Sample	**10/10/08**	**2 hrs.**	**10/10/08**	**2 hrs.**
	Total Hours Claimed		**Total Hours Claimed**	

Director's Signature: _____ TEACH Recipient's Signature: _____

Must be signed by owner or director and recipient.
Signatures verify that the release time was given as paid time off for the employee.

Please return to: T.E.A.C.H. Early Childhood® Texas

Texas Association for the Education of Young Children
P.O. Box 4997
Austin, Texas 78765-4997