

Form C Instructions - Release Time Claim Reimbursement Form

Dear Scholarship Recipient:

Enclosed with this packet is a Form C Release Time Claim Reimbursement Form. Submit release time claims monthly by the 10th of each month for the prior month. Final claims must be submitted within 30 days after the close of each semester. Failure to do so will result in forfeiture of the claims.

Scholarship Recipient is a Child Care Center Employee:

You are eligible for Release Time each semester you are enrolled in courses. Release Time is given at the rate 4 hours per week. T.E.A.C.H. Early Childhood® Texas **will reimburse your center**, at the rate of \$22.00 per hour up to a maximum of 64 hours per semester. Example: 16 hours claimed at \$22.00 is a \$352.00 reimbursement.

Release Time may be taken by you to attend class, study, or to attend to personal needs. How you and your director schedule Release Time is up to the two of you, but Release Time is expected to be taken each semester. Either you or your director may be responsible for completing the Release Time forms, but the form **MUST** be signed by both you and your director.

Scholarship Recipient is a Family Child Care Provider:

Family Child Care Providers are eligible for four hours of release time per week week (up to maximum 64 hours of Release Time per semester). T.E.A.C.H. Early Childhood® Texas **will reimburse the Family Child Care Provider** at the rate of \$22.00 per hour.

Release Time may be taken to attend class, study, or attend to personal needs. How you schedule Release Time is up to you. You are responsible for completing the Release Time Claim forms. The form **MUST** be signed by you.

If you have any questions about completing these forms, please call your scholarship specialist at (512) 215-8142.

Release Time Reimbursement Claim Form

Please return to:

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

Form C

Sponsor information

Employer _____
 Address _____

 City _____
 County _____
 Zip Code _____

For: Recipient Name _____
 Address _____

 City _____
 Zip Code _____

Submit release time claims monthly by the 10th of each month for the prior month. Final claims must be submitted within 30 days after the close of each semester. Failure to do so will result in forfeiture of the claims.

Term Covered by this claim Fall Spring Summer1 Summer2 (Year) _____
 (You must use a separate sheet for each month)

Release Time Claimed

	Date	Times	# of Hours Off Round to nearest 1/2 hour
Sample	1/10/07	3 to 5 pm	2 hrs.
Total Hours Claimed			

Director's Signature _____ **Teacher'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.

For Office Use Only Date Received _____
 Funder _____ Reviewed by: _____ Date Processed _____ Manager Approval: _____