



T.E.A.C.H. Early Childhood® MINNESOTA

Release Time Claim Form (Form C)

Sponsoring Program Information

Recipient's Name: _____

Center Name: _____ Director Name: _____

Center Address: _____

Semester/quarter covered by this claim (check one)

Fall
 Winter
 Spring
 Summer

 Total hours: _____

Year

Release Time Claimed

Date	# of Hours Off (round to the nearest 1/2 hour)	Date	# of Hours Off (round to the nearest 1/2 hour)	Date	# of Hours Off (round to the nearest 1/2 hour)
1/1/01	2 hrs				

T.E.A.C.H. Early Childhood® MINNESOTA will reimburse for up to 36 hours per quarter or 48 hours per semester for every "active" term (for a maximum of 144 hours per year) during which the recipient takes at least one credit covered by T.E.A.C.H.

I certify that the amount of release time being claimed is correct to the best of my knowledge. I understand that this information is being given for the receipt of reimbursement for release time; deliberate misrepresentation of the hours being reported may subject me to forfeiting my release time reimbursement and/or participation with the T.E.A.C.H. scholarship program.

Signature of Program Director/Owner

I certify that all release time that is being reported has been given to me during the semester/quarter identified above.

Signature of T.E.A.C.H. Scholarship Recipient

Send completed form to:
T.E.A.C.H. Early Childhood® MINNESOTA
10 River Park Plaza, Suite 820, St. Paul, MN 55107
Fax: 651-209-1761
Email: teachmail@childcareawaremn.org