



Release Time Instructions and Claim Form (Form C)

As part of the T.E.A.C.H. Early Childhood® MINNESOTA scholarship contract with sponsoring employers, a T.E.A.C.H. scholarship recipient is eligible for three hours of paid release time per week. The recipient may use release time to attend class, study or take care of personal needs. Even if a recipient takes classes outside of regularly scheduled work hours, the recipient is still entitled to the same amount of release time. **Recipients should be paid their full regular wage while on release time hours, T.E.A.C.H. will then offer a partial reimbursement for the recipient's wages.** The program director and recipient may want to create a schedule for release time that works for both the recipient and the program. Release time hours are flexible and may be combined between weeks to give a recipient a half or whole day off, it is not required to only give three hours per week. *(Directors and assistant directors who are scholarship recipients are NOT eligible for release time)*

The T.E.A.C.H. program will reimburse the sponsoring employer for the claimed release time, at a rate of \$12.00 per hour. **This should not exceed 48 hours per semester or 36 hours per quarter for a term where T.E.A.C.H. is covering at least one credit. (Check the contract for the exact hours the recipient is eligible for)** To receive this reimbursement, the program director (or owner or board member) must return the Release Time Reimbursement Claim (Form C) – see next page – within 30 days after the end of each term.

The recipient or the program director can complete the dates and hours on the Form C; however, both parties must sign the form. **Please return the Release Time Reimbursement Claim within 30 days after the end of the recipient's quarter/semester, release time will not be reimbursed if submitted more than 30 days after the end of the term.**

Semesters include the following months:

Fall Semester: September-December – Due by January 31st

Spring Semester: January-May – Due by June 30th

Summer Semester: June-August – Due by September 30th

Rasmussen College operates on the quarter system which is as follows:

Fall Quarter: October-December – Due by January 31st

Winter Quarter: January-March – Due by April 30th

Spring Quarter: April-June – Due by July 31st

Summer Quarter: July-September – Due by October 31st

If you would like more information about how to complete the Form C or if you have problems scheduling release time, please contact the T.E.A.C.H. office.

T.E.A.C.H. MINNESOTA
10 River Park Plaza, Suite 820
Saint Paul, MN 55107
Phone: 651-290-9704 Fax: 651-209-1761
Email: teach@childcareawaremn.org

T.E.A.C.H. Release Time Reimbursement Claim Form (Form C)

Please complete and sign the form below and return it to it to the T.E.A.C.H. program. This form must be signed by the scholarship recipient and their supervisor.

Sponsoring Program Information	
Recipient's Name: _____	
Center Name: _____	Director Name: _____
Center Address: _____	
Semester/quarter covered by this claim (check one)	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> 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)

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 during which the recipient takes at least one credit covered by T.E.A.C.H. Please note due dates on instruction page.

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/Supervisor

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. MINNESOTA
Email: teach@childcareawaremn.org
Fax: 651-209-1761