

T.E.A.C.H. Early Childhood ® Nevada
FORM C
Release Time Reimbursement Claim Form

Sponsor Information:	Recipient Information:
Center Name: _____	Recipient Name: _____
Director Name: _____	Recipient Social Security #: _____
Center Address: _____	Recipient Address: _____
City, State, Zip: _____	City, State, Zip: _____
Term Covered By this Claim: (Circle One) FALL SPRING SUMMER 20____	

RELEASE TIME CLAIMED:

DATE	# OF HOURS OFF (round to the nearest _ hour)
Sample: 1/12/07	2 hours
TOTAL:	

Director's Signature: _____
Teacher's Signature: _____