T.E.A.C.H. Early Childhood® Nevada
An Investment in Early Childhood Professionals

FORM C
Release Time Reimbursement Claim Form

Participating Center 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 ½ hour)**
Sample: 1/12/15	2 hours
TOTAL:	

Director's Signature: _____

Teacher's Signature: _____