

FORM C
Release Time Claim Reimbursement Form

INSTRUCTIONS

Form C is to be completed and turned in either at the end of each month or at the end of each semester, whichever is more convenient for you and your program.

The minimum release time requirement is 16 hours per semester (1 hour per week) and the maximum is 96 hours per semester (6 hours per week).

The amount of release time for which a scholarship recipient is eligible is dependent on the amount of credits they enroll in each semester. It is recommended that the recipient receive one (1) hour of release time per credit hour per week, up to six (6) hours release time a week. For example, if the recipient is currently enrolled in five credit hours for the semester, they are eligible (and it is recommended) to take five hours of release time per week. If they are enrolled in three credit hours they are eligible for three hours of release time per week, and so on. If the recipient is taking over six (6) credit hours in courses, they are still only eligible for six hours (the maximum) of release time per week; if the recipient is enrolled in nine (9) credit hours they may only claim six (6) hours of release time per week (the maximum).

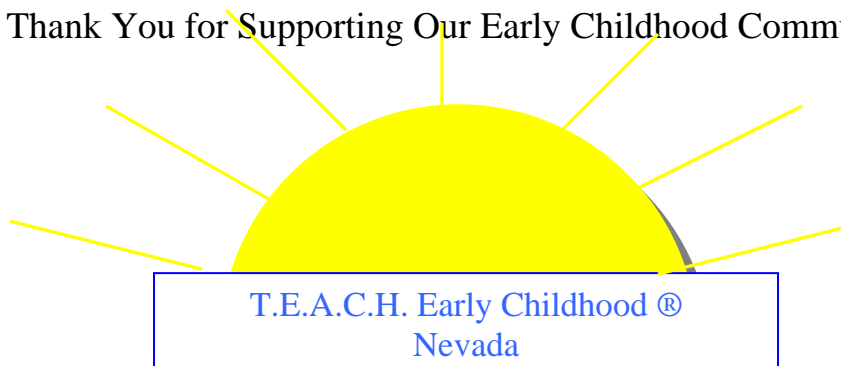
T.E.A.C.H. Early Childhood ® Nevada will reimburse the center for 60% of the claimed release time at a rate of \$9.00 per hour.

Release time may be taken by the recipient to attend class, study, or to attend to personal needs. How release time is scheduled is up to the recipient and their program, but it is mandatory that the recipient be given a minimum of 16 hours per semester.

Form C can be completed by either the recipient or their program director, again whatever works best for your program. **The forms must be signed by the director and the recipient.**

The funds to provide the scholarship are made possible by the Office of Early Care & Education. Administration for the program is provided by Nevada Association for the Education of Young Children. This scholarship program was developed to increase the educational level of child care providers and to improve their compensation and recognition in the field.

Thank You for Supporting Our Early Childhood Community.



T.E.A.C.H. Early Childhood ®
Nevada

T.E.A.C.H. Early Childhood ® Nevada
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 ½ hour)
Sample: 1/12/07	2 hours
TOTAL:	

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