

Form C
 T.E.A.C.H. Early Childhood® ALABAMA

Release Time Reimbursement Claim Form

Sponsor Information

Center License # : _____ For: Recipient Social Security # : _____
 Center Name: _____
 Address: _____ Recipient Name: _____
 City, State, Zip: _____

Term Covered by this claim Circle one	(You must use a separate claim form sheet for each semester)
	FALL SPRING SUMMER _____ (year)

Release Time Claimed

	Date	# of Hours Off <i>round to the nearest 1/2 hr.</i>
<i>Sample</i>	1/1/03	2 hrs.
	Total hours claimed	

Director's Signature _____ Teacher's Signature _____
 Date _____ Date _____

**Please return to: T.E.A.C.H. Early Childhood® ALABAMA
 Alabama Partnership for Children
 2529 Bell Road
 Montgomery, AL 36117**