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: ____________________________________ Recipient Name: ________________________________
Address: _______________________________________ ________________________________
City, State, Zip: __________________________________________________________

Term Covered by this claim

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_______</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(year)</td>
</tr>
</tbody>
</table>

(You must use a separate claim form sheet for each semester)

Release Time Claimed

<table>
<thead>
<tr>
<th>Date</th>
<th># of Hours Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/03</td>
<td>2 hrs.</td>
</tr>
</tbody>
</table>

Sample

Total hours claimed

Director’s Signature ___________________________ Teacher’s Signature ___________________________
Date ___________________________ Date ___________________________

Please return to: T.E.A.C.H. Early Childhood® ALABAMA
2595 Bell Road
Montgomery, AL 36117