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

Release Time Reimbursement Claim Form

Spo	onsor Informatio	on			
Center License # :			For:	Recipient Social Security #:	
Се	nter Name:				
Address:				Recipient Name:	
Cit	y, State, Zip:				
ı	(You must use a separate claim form sheet for e			est tov es ab samastar)	
	Term Covered	(fou must use a separate ciaim form si		eet for each semester)	
	by this claim Circle one	FALL SPF	RING	SUMMER	
				(year)	
_	<i>. </i>				
$R\epsilon$	elease Time Clai	med			
		Date	# of Ho	ours Off	
Sample		4/4/00		nearest 1/2 hr.	
		1/1/03	2 r	nrs.	
		Total hours claimed			
			1		
Dir	ector's Signature		Teacher's Signatu	ure	
Da	ate	 	Date		

Please return to: T.E.A.C.H. Early Childhood® ALABAMA

2595 Bell Road

Montgomery, AL 36117