



T.E.A.C.H. Early Childhood® VERMONT

Release Time Reimbursement Claim Form

Please scan and email to: teachearlychildhoodvermont@vtaeyc.org

Form C

Sponso	r inform	ation F	Recipient information		
(Name & Address)			(Name & Address)		
Submit all term claims within 30 days after the last class of the term. Failure to do so will result in forfeit of money for the claims.					
Term Covered by this claim Fall Spring Summer (Year)					
Release Time Claimed					
		Date	Times	# of Hours Off Round to nearest 1/2 hour	
	Sample	1/10/07	3 to 5 pm	2 hrs.	1
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					-
					1
					1
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					1
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]
Total Hours			al Hours Claimed		
Director's Signature Teacher's Signature					

Counselor: Brenda Schramm

FORM C Release Time Claim Reimbursement Form Instructions

Dear Director/Family Childcare Provider:

Enclosed are Form C's for your scholarship recipient(s). Form C's are to be completed and turned in at the end of each semester but no later than 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

Scholarship recipients can receive up to 3 hours of paid release time per week for 15 weeks during an active semester. This is regardless of how many credit hours the recipient is taking.

VTAEYC will reimburse the center or family childcare provider \$11.00 per hour for up to 45 hours total per semester.

Release time may be taken by the recipient to attend class, study, or to attend to personal needs. How you (and your scholarship recipient, if you are a center) schedule release time is up to the two of you, but we do expect the release time to be taken each semester.

If you are a center, either you or the recipient may be responsible for completing the forms, again whatever works best for your program, but the form **MUST** be signed by both you and the recipient.

If you are a family child care provider, please sign the recipient signature line.

If you have any questions about completing these forms, please give your scholarship counselor a call at 802-387-0870.