

T.E.A.C.H. Early Childhood® WASHINGTON, DC

Release Time Reimbursement Claim Form

Sponsor Information

Center License #
 Center Name
 Center Address
 Center City, State, Zip

For: Recipient Name

Program/ Option:
 Counselor:

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 round to the nearest 1/2 hr.
Sample	1/1/95	2 hrs.
	Total hours claimed	

Director's Signature _____ Teacher's Signature _____

Please return to: T.E.A.C.H. Early Childhood® WASHINGTON, DC
 NBCDI
 1313 L Street, NW Suite 110 Washington, DC 2000540