

**T.E.A.C.H. Early Childhood® Michigan
Release Time Claim Form- Center Employee**

Recipient Name: _____

Recipient Address: _____

Employer Name: _____

Term/Semester and Year: Fall _____ Winter _____ Spring _____ Summer _____

NOTE: T.E.A.C.H. reimburses for a maximum of 3 hours per week. A T.E.A.C.H. scholarship counselor may adjust your calculations based on term/semester length.

Enter the number of weeks in this semester/term: a. _____

Calculate the number of release time hours **available** (3 hours/week multiplied by a.): b. _____

Enter the total hours of release time **taken** in this term: c. _____

Calculate the amount being reimbursed (c. multiplied by \$11): e. _____

RECIPIENT VERIFICATION:

I verify that the hours listed above were paid at my regular wage by my employer and taken as paid release time away from my regularly scheduled hours to attend class, study, or attend to other matters affected by my course enrollment.

Recipient Signature

Date

SPONSOR VERIFICATION:

I verify that the above recipient was given the hours listed on this form as paid release time at their regular wage and I am seeking reimbursement for a maximum of 3 hours each week of the semester at a rate of \$11.00/hour.

Sponsor Signature

Date

For Office Use Only

Funder:

Reimbursement amount:

Request by:

Check number: