

## TEACH Early Childhood® Michigan Release Time Claim Form- Center Employee

Recipient Name: \_\_\_\_\_

Recipient Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Term/Semester and Year:    Fall \_\_\_\_\_    Winter \_\_\_\_\_    Spring \_\_\_\_\_    Summer \_\_\_\_\_

NOTE: TEACH 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: