

**T.E.A.C.H. Early Childhood® IOWA**  
**Center Staff Release Time Reimbursement Claim Form**

<b>Sponsor Information</b>	
Program License #: _____	For: <b>Participant Name:</b> _____
Program Name: _____	Participant Student ID #: _____
Program Address: _____	College: _____
Program City, State, Zip: _____	T.E.A.C.H. Counselor: _____

<b>Term Covered by this claim:</b> (Circle One)	(You must use a separate claim form sheet for each semester)			
	SPRING	SUMMER	FALL	_____ OTHER _____ (Year)

Total number T.E.A.C.H. supported credits this semester: \_\_\_\_\_

<b>Release Time Claimed</b>		
Sample:	Date release time actually given	# of Hours Off round to the nearest 1/2 hr.
	10/10/14	2 hrs.
	<b>Total hours claimed</b>	
Director's/Supervisor's Signature: _____		T.E.A.C.H. Participant's Signature: _____
Must be signed by owner or director and participant.		
Signatures verify that the release time was given as paid time off for the employee.		

<b>For Office Use Only</b>
Funder: _____

Please return to: **T.E.A.C.H. Early Childhood® IOWA**  
**Iowa Association for the Education of Young Children**  
 5525 Meredith Drive, Suite F • Des Moines, IA 50310  
 Phone: 515-331-8000 • Fax: 515-331-8995

**FORM C**  
**Release Time Claim Reimbursement Form**

Dear Director/Supervisor:

Enclosed is a Form C for your scholarship participant(s). Form C's are to be completed and turned in a minimum of once each semester and we will reimburse your program once at the end of each semester.

Release time is paid time off from responsibilities at the sponsoring program for a T.E.A.C.H. scholarship participant. The amount of release time for which a scholarship participant is eligible depends upon the number of credits for which (s)he is enrolled.

Use the following grid to determine how much release time to give your scholarship participant:

Number of credits your staff person is enrolled in per semester	Total number of hours of release time you may allow and bill per semester
1	16
2	32
3 or more credits	48

The **Iowa Association for the Education of Young Children** will reimburse the center \$6.00 per hour for release time for up to 48 hours per semester. This rate could be considered to cover half the cost of release time if the participant was being paid \$12.00 per hour.

Release time may be taken by the participant to attend class, study, or to attend to personal needs. If classes are scheduled during the participant's regular work hours, release time will help with some of the costs of allowing him/her to get to class. Otherwise, if you can arrange the release time with no substitute costs for your center, that is great! We will still reimburse you at the \$6.00 per hour rate. How you and your scholarship participant schedule release time is up to the two of you, but we do expect the release time to be offered and taken each semester.

Either you or the participant 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 participant before payment can be offered. These signatures verify that paid release time was received by the participant.

We reserve the right not to reimburse any claims submitted more than 30 days following the **end** of the semester! If you have any questions about completing these forms, please give your scholarship counselor a call at (515) 331-8000

Sincerely,

*Ashley Otte*

Ashley Otte  
Project Coordinator