Dear Director:

Enclosed are Form C’s for your scholarship recipient(s). Form C’s are to be completed & turned in each semester. Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

The amount of release time for which a scholarship recipient is eligible is 2 hours of paid release time a week

Early Childhood Council Leadership Alliance (ECCLA) will reimburse the center for one half of the claimed release time, at the rate of $6.00 per hour.

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

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 have any questions about completing these forms, please give your scholarship counselor a call.

---

**FORM C**

**Release Time Claim Reimbursement Form**

Dear Director:

Enclosed are Form C’s for your scholarship recipient(s). Form C’s are to be completed & turned in each semester. Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

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If you have any questions about completing these forms, please give your scholarship counselor a call.
T.E.A.C.H. Early Childhood® COLORADO

Release Time Reimbursement Claim Form

Please return to:
Early Childhood Council Leadership Alliance (ECCLA)
4891 Independence St. Suite 140
Wheat Ridge, CO 80033

Form C

Sponsor information

For:

Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

Term Covered by this claim

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(Year) _______

(You must use a separate sheet for each semester)

Release Time Claimed

<table>
<thead>
<tr>
<th>Date</th>
<th>Times</th>
<th># of Hours Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>1/10/15</td>
<td>3 to 5 pm</td>
</tr>
</tbody>
</table>

Total Hours Claimed

Maximum 36

Director’s Signature ___________________________ Teacher’s Signature ___________________________