

**T.E.A.C.H. Early Childhood® Ohio**

**Release Time Reimbursement Claim Form**

**Please return to:** T.E.A.C.H. Early Childhood® Ohio  
 6660 Doubletree Ave.  
 Columbus, OH 43229

Phone: 877-547-6978 (toll free), 614-396-5959 x 304, **614-396-5960 (fax)**

Complete Form C and send it to OCCRRA by the 10<sup>th</sup> day of the month after release time was used. All release time claims must be submitted by no later than 30 days after the end of the term.

<b>Sponsor information</b>	<b>Scholar information</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
	Social Security #:
Term covered by this claim – use a separate claim form sheet for each term	
Circle one:    FALL            WINTER            SPRING            SUMMER    Year _____	

**Release Time Claimed**

<b>Date release time actually given</b>	<b># of hours off round to the nearest ½ hour</b>
<i>1/10/06</i>	<i>2 hrs</i>
<b><i>Total hours claimed</i></b>	

Director's signature \_\_\_\_\_ Scholar's signature \_\_\_\_\_