

Release Time Reimbursement Claim Form

Please return to: teach@uaeyc.org

or

Form C

Utah Association for the Education of Young Children

PO Box 25836

Salt Lake City, UT 84125

Sponsor Information

Employer:

Address:

License ID#:

Recipient Information

Name:

Address:

TEACH ID#:

Submit all term claims within 14 days after the close of each semester. Failure to do so will result in either forfeit or delay of money for the claims.

Semester: ☐ Fall ☐ Spring ☐ Summer

(Select One)

(You must use a separate sheet for each semester)

(Year) _____

Release Time Claimed

	Date	Times	# of Hours Off Round to nearest 1/2 hour
Example	1/10/07	3 to 5 pm	2 hrs.
Total Hours Claimed			

Director's Signature _____ Teacher's Signature _____

Counselor: Caroline McKenzie

This document will need two signatures- the Director or Supervisor, and the Recipient. This is where **paid work release time** is tracked so that **the sponsoring employer** can be reimbursed. Paid release time is reimbursed at a rate of *\$6/hr up to 48 hours per semester.

*\$6/hr is based on a calculation of the average hourly rate of TEACH recipient salary of \$12/hr for Early Childhood teachers.