

T.E.A.C.H. Early Childhood® WEST VIRGINIA

Release Time Reimbursement Claim Form

Sponsor Information

Center License # _____ For: Recipient Social Security # _____
 Center Name _____ Recipient Name _____
 Center Address _____

 Center City, State, Zip _____ Program/Option: _____
 Counselor: _____

Term Covered by this claim Check one	(You must use a separate claim form sheet for each semester)		
	FALL	SPRING	SUMMER _____ (year)

Release Time Claimed

	Date	# of Hours Off round to the nearest 1/2 hr.
<i>Sample</i>	1/1/2009	2 hrs.
	Total hours claimed	

Director's Signature _____ Teacher's Signature _____

Please return to: T.E.A.C.H. Early Childhood® WEST VIRGINIA
 River Valley Child Development Services
 611 Seventh Avenue, Suite 322
 Huntington, WV 25701
 Fax: 304-529-2535