

Release Time Reimbursement Claim Form

Please return to:

Nebraska Association of the Education of Young Children
 650 J Street, Suite 23 Lincoln, NE 68508
 Scan AND email to: teach@nebraskaAEYC.org

Form C

Program Information

Program Name: _____
 Director Name: _____
 Program Address: _____

Student Information

Student Name: _____
 Home Address: _____

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

Term: Fall Spring Summer Winter (Year)_____

(You must use a separate sheet for each term)

Release Time Claimed

Date	Times	# of Hours Off <small>Round to nearest 1/2 hour</small>	
1/10/17	3 to 5 pm	2 hrs.	Example
Total Hours Claimed			

Office use only
 Model: _____

Director's Signature: _____ Teacher's Signature: _____