

## Center Release Time Plan For T.E.A.C.H. Recipients

Name of child care center: \_\_\_\_\_

Name(s) of T.E.A.C.H. recipient(s): \_\_\_\_\_

\_\_\_\_\_

Plan for providing the recipient(s) with 3 hours/week (1.5 hours for part-time recipients) of paid time off for study, class attendance or completing personal tasks that conflict with class time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Center Director's Signature

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Center Director's Printed Name

\_\_\_\_\_  
Recipient's Printed Name

\_\_\_\_\_  
Date

Please fax to T.E.A.C.H. Early Childhood® MINNESOTA at 651-209-1761.