



Infant/Toddler Care Specialist TCC SCHOLARSHIPS Paid Time Off Log

Submit completed and signed logs to support@DECALscholars.com or 678-822-5272. Forms must be submitted by the end of the last month of the semester to be considered for payment.

Facility Name _____

Teacher Name _____

Last 4 SSN: _____

Semester: _____

Month: _____

Table with 5 columns: Date, Start Time, End Time, Total Time, Teacher Initials. Multiple empty rows for data entry.

I verify that the above information is true to the best of my knowledge. I also confirm that I received paid time off to attend class, study, or complete assignments. I understand that any false or incomplete information knowingly provided on this form or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this form or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program.

Teacher Name _____

Teacher Signature _____

Date _____

Director Name _____

Director Signature _____

Date _____