

Release Time Reimbursement Claim Form

Please return to:

Arkansas Early Childhood Association
 P.O. Box 4291, Fayetteville, AR 72702
 or **email to teach@arkansasearlychildhood.org**

Form C

Model: _____

Employer-Sponsor Information

Name of Center/Program _____

For: _____
 (Name of Employee)

License Number: _____

Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

Term Covered Fall Spring Summer (Year) _____
 by this claim (You must use a separate sheet for each semester)

Release Time Claimed

	Date	Times	# of Hours Off Round to nearest 1/2 hour
Sample	1/10/20	3 to 5 pm	2 hrs.
Total Hours Claimed			

Director's Signature _____ Employee's Signature _____