T.E.A.C.H. Early Childhood® Arkansas
Arkansas Early Childhood Association
P.O. Box 4291
Fayetteville, AR 72702
501-680-1930

Release Time Reimbursement Claim Form (Form C)

Employer-Sponsor Information

For: _____
(Name of Employee)

Name of Center/Program

_____

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.

License Number: _____

Term Covered by this claim: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

(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** _____

After form is signed, scan and email form to teach@arkansasearlychildhood.org or mail to the address at the top of this form.