



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

Name of Center/Program _____

License Number: _____

Term Covered by this claim: Fall Spring Summer

Year: _____

(You must use a separate sheet for each semester. Claims are due within 30 days from the end of the semester.)

For: _____

(Name of Employee)

____ This employee participates in the TEACH Apprenticeship Program. (Mark with an "X" if yes.)

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.