



TEACH Early Childhood® ARKANSAS
Arkansas Early Childhood Association
PO Box 4291 | Fayetteville AR 72702 | 501.680.1930

Release Time Reimbursement Claim Form (Form C)

Employer-Sponsor Information

Center/Program _____

License # _____ Semester: Fall Spring Summer Year _____

Scholar/Employee _____

Check here if scholar participates in the TEACH Apprenticeship Program →

Release Time Claimed (use additional sheet if necessary)

	Date	Time	Hours Claimed
Example:	1/10/25	12:00 – 1:00 pm	1
Total Hours Claimed →			

Director Signature _____ Scholar Signature _____

After form is signed, email this form to teach@arkansasearlychildhood.org or mail to AECA, c/o TEACH Early Childhood, PO Box 4291, Fayetteville, AR 72702.