

# Release Time Reimbursement Claim Form

Please return to:

Arkansas Early Childhood Association 10201 West  
 Markham Street, Suite 318 Little Rock, AR 72205  
 or email to [teach@arkansasearlychildhood.org](mailto: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 by this claim**  Fall  Spring  Summer 1  Summer 2 (Year) \_\_\_\_\_  
 circle one (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.
<b>Total Hours Claimed</b>			

**Director's Signature** \_\_\_\_\_ **Employee's Signature** \_\_\_\_\_

Counselor: Paul Lazenby