

Release Time Reimbursement Claim Form

Please return to:

Pennsylvania Child Care Association
 20 Erford Road, Suite 302
 Lemoyne, PA 17043

Form C

Sponsor information

Center:
 Street:
 City State Zip:

Recipient Name:
 Street:
 City State Zip:

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 Summer1 Summer2 Winter (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	1/10/17	3 to 5 pm	2 hrs.
Total Hours Claimed			

Director's Signature _____ Recipient's Signature _____

Counselor: