FORM C INSTRUCTIONS

TEACH Early Childhood[®] OHIO

Administered by OCCRRA (Ohio Child Care Resource and Referral Association)

Complete **FORM C** and send it to OCCRRA by the 10th day of the month after release time was used. All release time claims must be submitted by no later than 30 days after the end of the term. Release time is required per the terms of your contract.

Release time is taken by the scholar to attend class, study, or to meet personal needs. It is expected that release time will be taken each week of the term enrolled. Release time is an effort to assist scholars in successfully meeting the needs of career, family, and schooling. The scholar is paid their normal wage by their center when using paid release time. OCCRRA will reimburse center for paid release time at a rate of \$12 per hour, after the scholar has taken and been paid by their center for the release time used at their normal wage rate

Weekly, the scholar receives 1 hour of release time per credit hour of approved classes, up to a maximum of 3 or 6 hours (refer to your contract). Release time may only be taken during weeks the scholar is attending approved classes (however not necessarily to attend class, time may be taken for studying or personal needs). Release time may only be taken during times when children are at your program or home. Your program must pay you your regular wage for the release time you use. Paid release time does not add time to your normal work schedule. If you normally work 30 hours per week and use 3 hours of release time, this means you work 27 hours in the classroom, and are being paid for 30. It does not mean your work schedule increases to 33 hours (including 3 hours of release time). The scholars pay check should reflect (assuming paid \$10/hour).

30 hours worked (27 in centers, 3 release time)x \$10/hr=\$300 (less payroll taxes and benefits)

Examples:

- If the scholar is taking a two credit hour class they are eligible for two hours a week of paid release time.
- If the scholar is taking nine credit hours, they are eligible for six hours (the maximum) paid release time. Report time under 1 hour as quarter hours (i.e., 15 min. = .25 hr; 30 min= .50 hr; 45 min. = .75 hr). Do not report time used under 15 minutes.

Program based scholars should work together with the Program Director to set up a release time schedule. Release time is reimbursed by OCCRRA to the program at the contracted rate.

Family Child Care Home scholars should set their own schedule within the scholarship guidelines. Release time is reimbursed by OCCRRA to the Family Professional scholar.

Paid Release Time is reimbursed by OCCRRA at **\$12.00 per hour claimed**. OCCRRA manages scholarship accounts so that if at all possible, scholars and center sponsors will not have to make payments to OCCRRA. Any tuition owed will be subtracted prior paying release time claims.

For Family Child Care Providers this means:

- Your contribution toward tuition will be subtracted from your travel, book reimbursement, and first release time claim.
- You will be sent a check for the balance or an invoice if you should owe money to OCCRRA.
- You MUST sign the **FORM C** before submitting it to OCCRRA for processing.

For Center Sponsors this means:

- The center sponsor's contribution toward tuition will be subtracted from the first release time claim.
- The center sponsor will be sent a check for the balance or an invoice if any money is owed to OCCRRA.
- The **FORM C** MUST be signed by both the scholar and the center director before submitting it to OCCRRA for processing.

If you have any questions about completing this form or would like more copies, please call your counselor at (614) 396-5959. Additional copies may also be obtained from OCCRRA's website: www.occrra.org/workforce-development/associate-degree/

TEACH Early Childhood® OHIO **Release Time Reimbursement Claim** Form C

Complete this form and send it to OCCRRA by the 10th day of the month after release time was used. All release time claims must be submitted by no later than 30 days after the end of the term.

Sponsor information			Scholar information			
Center name:			Name:			
Center License #			Address:			
Address:			City, State, Zip:			
City, State, Zip:			Social Security #:			
Term covered by this claim – Please use a separate claim form sheet for each term Check one: Term: FALL SPRING SUMMER Year: 2025 2026						□2026

Release Time Claimed

Date release time	# of hours off
actually given	round to the nearest 1/2 hour
EAXAMPLE: 1/10/13	2 hrs
Total hours claimed	

Director's signature

Scholar's signature

Who is your counselor? (check one)

Shamell Baxter email: shutchins@occrra.org; direct fax: 614-396-5960

- Belinda Kitsos email: bkitsos@occrra.org; direct fax: 614-396-5960
- Latoya Fuqua email: Ifuqua@occrra.org; direct fax: 614-396-5960