

RELEASE TIME CLAIM

Instructions and tips for completing the Release Time Claim



WHAT IS RELEASE TIME?

Release Time is paid time off from work that scholarship recipients take to complete class-related activities It is most commonly used to attend class, study, or to meet with campus services such as academic advisors, registration, and financial aid offices. Release Time is an optional benefit of the CCA of WA Scholarships Program, meaning it can be used if both the scholarship recipient and their employing facility agree to use it.

BENEFITS

CCA of WA Scholarships will compensate the employing child care facility for claimed release time at a rate of \$15.00 per hour. A maximum of 3 hours per week can be claimed during the academic terms that a scholar is enrolled in coursework.

To claim compensation, scholarship recipients must be paid for the time they are released from work at their regular pay rate. Facilities can submit release time claims up to two times per academic term to be compensated for hours they have already paid to their scholar/employee.

CLAIMING RELEASE TIME

1. Discuss Release Time with your employer and determine if you will use this benefit. If so, we recommend discussing any schedule changes or expectations ahead of time.
2. The scholar/employee takes Release Time and is compensated at their regular pay rate.
3. Complete the Release Time Claim Form.
4. Submit the completed Release Time Claim Form by the following quarterly deadlines. Please note incomplete forms will delay the reimbursement process. **See example of a completed form on the next page**

Fall	Winter	Spring	Summer
January 15th	April 15th	July 15th	October 15th

RELEASE TIME IDEAS

Release Time is designed to compensate child care facilities as they support teachers balancing the responsibilities of attending school with their work and life commitments. Here are some ideas for ways you can use Release Time:

- **Class time** – time traveling to campus, attending class, and meeting with instructors.
- **Academic support** – time spent studying, completing assignments or projects, accessing tutoring services, and using campus computer labs.
- **Student Services** – time accessing services such as registration, financial aid, advising, counseling, career services, and other student support services offered at your institution.
- **Be strategic** – you do not have to be on campus to use your release time. Take advantage of lunchbreaks or slow times at work and schedule it as Release Time to make progress on your classes.

RELEASE TIME CLAIM FORM

Academic Term (check one) Fall Spring Summer Winter Year 2022
Academic Schedule (check one) Quarters Semesters

SCHOLAR INFORMATION

Full Name as it appears on your state identification or business license:

Jane Smith
 First Name(s) MI Last Name(s)

Mailing Address 123 Easy Street
 Line 1 Line 2

City Tacoma State WA Zip 98402 Phone 253-555-5555

Email janedoe@email.com New Address / Contact Information? Yes No

EMPLOYER INFORMATION

Name of Director or FCC Owner Jane R Johnson

Employer Name Sunshine Child Care LLC Facility Type FCC Center
as it appears on business license

Employer Address 456 Main Avenue Building 2
 Line 1 Line 2

City Tacoma State WA Zip 98402 Phone 253-555-5555

Email sunshinecc@email.com New Address / Contact Information? Yes No

RELEASE TIME INFORMATION

Under "Hours" select the number of hours claimed each week, rounded to the nearest quarter hour.
 For example 2.25 = two hours and 15 minutes. Maximum of 3 hours per week.

Week of (Sunday through Saturday) for example 1/2/2022 – 1/8/2022	Hours	Week of (Sunday through Saturday) for example 1/2/2022 – 1/8/2022	Hours
<u>1/2/2022</u> – <u>1/8/2022</u>	<u>1.5</u>	<u>2/20/2022</u> – <u>2/26/2022</u>	<u>3</u>
<u>1/9/2022</u> – <u>1/15/2022</u>	<u>3</u>	<u>2/27/2022</u> – <u>3/5/2022</u>	<u>3</u>
<u>1/16/2022</u> – <u>1/22/2022</u>	<u>3</u>	<u>3/6/2022</u> – <u>3/12/2022</u>	<u>2</u>
<u>1/23/2022</u> – <u>1/29/2022</u>	<u>3</u>	<u>3/13/2022</u> – <u>3/19/2022</u>	<u>3</u>
<u>1/30/2022</u> – <u>2/5/2022</u>	<u>3</u>		
<u>2/6/2022</u> – <u>2/12/2022</u>	<u>1.5</u>		
<u>2/13/2022</u> – <u>2/19/2022</u>	<u>3</u>		

Total number of hours claimed 29

Release Time is compensated at a rate of \$15.00/hr.

Child Care Aware of Washington will only compensate a **maximum of three hours per week**.

By signing below, I/we, certify that as of 3/21/2022 (date signed by employer), the above information is true and correct; that the scholar named above was an active scholar during the aforementioned dates; that all Release Time hours were taken during her/his working hours, and in pursuit of her/his own certification or degree requirements; and the scholar was in fact compensated for all hours for which the employer requests compensation.

Jane Smith

Scholar's Signature

Jane R Johnson

Employer's Signature



Submit this form by the following deadlines each term:
 1/15 (Fall); 4/15 (Winter); 7/15 (Spring); 10/15 (Summer)
 Submit to: **Child Care Aware of Washington Scholarships, 1001 Pacific Ave, Suite 400, Tacoma, WA 98402**
 phone 1-866-308-3224 fax 1-253-572-4140 email scholarships@childcareawarewa.org

03/2022

RELEASE TIME CLAIM FORM

Academic Term (check one) Fall Spring Summer Winter Year _____
Academic Schedule (check one) Quarters Semesters

SCHOLAR INFORMATION

Full Name as it appears on your state identification or business license:

First Name(s) _____ MI _____ Last Name(s) _____

Mailing Address _____
Line 1 _____ Line 2 _____

City _____ State _____ Zip _____ Phone _____

Email _____ New Address / Contact Information? Yes No

EMPLOYER INFORMATION

Name of Director or FCC Owner _____

Employer Name _____ **Facility Type** FCC Center
as it appears on business license

Employer Address _____
Line 1 _____ Line 2 _____

City _____ State _____ Zip _____ Phone _____

Email _____ New Address / Contact Information? Yes No

RELEASE TIME INFORMATION

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of hours claimed _____

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Scholar's Signature _____

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