

Signature

Signature

Release Time Funding Form

Click Here to fill out this form for free.

	First & Last Name		
Email	Phone #		
Early Learning and Child Care Program Name			
Program ID	Email		
		Phone	
Step 2: Hour Log			
LEARNING SERIES	DATES ON CERTIFICATES	GROUP NUMBER	TOTAL HOURS
Leading Through a Pedagogical Lens (LTPL)	SEE CERTIFICATE OF COMPLETION FOR YOUR DATES	GET YOUR GROUP # FROM YOU FACILITATOR OR MODERATOR	SEE CERTIFICATE OF COMPLETION FOR YOUR DATES
		ies, the following RTF totals will breakdown of funds below to t	
Educator Portion (17.50/hr) = \$630 .00		Employer Portion (1.33/hr) = \$47 ^{.88}	
Step 3: Required Fo	orms		
_	tronic Funds Transfer form and RTF funds. Check which box	d a Release Time Funding form applies to you.	s to finance@arcqe.ca in
*My program has previously submitted an EFT form *Provide your bank account holder name		My program administrator will send an EFT formI am now attaching my program's EFT form	
Step 4: Verification			
		cator	

Program Director

Printed Name

Printed Name