

**2020-2021 M/C Certification and Licensure Exam Fee Reimbursement Program
Retroactive Program Application Form**

The Retroactive Certification and Licensure Exam Fee Reimbursement (CLEFR) Program guidelines are available at www.goer.ny.gov/managementconfidential-mc-training-programs. This program provides reimbursement for the cost of examinations for first-time certification or licensure of M/C employees for exams that began on or after April 1, 2020 through March 31, 2021. Separate application forms are required for each exam for which reimbursement is requested. Applications must be submitted by December 31, 2021 and must be accompanied by the following documentation:

- Proof of payment for exam: Original itemized invoice/receipt from the exam provider showing payment made, title of exam, date of exam administration, and cost of exam
- Proof of a passing grade on the exam: Copy of documentation showing passing grade

The postmark or email date will be used to determine the timeliness of the application.

Submit signed, dated application, and supporting documentation in one of the following ways:

- Email: Email the application and supporting documentation by application deadline to mctraining@goer.ny.gov. All emailed documentation must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, links to documentation or websites, etc.) will not be accepted.
- U.S. Mail: Mail application and supporting documentation, by application deadline to:

Governor's Office of Employee Relations
M/C Reimbursement Unit
2 Empire State Plaza, 7th Floor
Albany, NY 12223-1250

Due to the timing of the release of the retroactive program, as well as annual tax reporting, all reimbursement payments will be delayed until after January 1, 2022.

Please note: The IRS considers reimbursements under the Certification and Licensure Exam Fee Reimbursement Program taxable income. The Office of the State Comptroller will withhold estimated taxes at the end of the calendar year. This may result in substantial withholding from paychecks at the end of the year and applicants should plan accordingly.

OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION

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| SECTION I – EMPLOYEE INFORMATION | | | | |
|---|------|---|----------|------------|
| Name | | NYS Employee ID Number (Found on paycheck stub) Required for payment by OSC N _____ | | |
| Start date with New York State (mm/dd/yy) | | Date of last entry into State Service (mm/dd/yy) | | |
| Home Address | City | State | ZIP code | Home Phone |
| Employing Agency/Facility Name | | | | |
| Agency/Facility Code | | Current Job Title | | |
| Work Address | City | State | ZIP code | Work Phone |
| Home Email Address | | Percentage Time Working <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, 50% or more <input type="checkbox"/> Part-Time, 50% or less <input type="checkbox"/> Leave with Pay <input type="checkbox"/> Leave without Pay <input type="checkbox"/> Laid off | | |
| Work Email Address | | | | |

| SECTION II – EXAM INFORMATION | | | |
|--|---------------------|------------------------------|----------------|
| Exam Provider | | Exam Provider Phone Number | |
| Exam Provider Address | | City | State ZIP code |
| Exam Title | | | |
| Start Date (mm/dd/yy) | End Date (mm/dd/yy) | Exam Grade | |
| Job-Related or Career-Related Justification (Describe how the exam is related to present job duties or career goals. Attach additional sheets if necessary.) | | | |
| Cost of exam \$ | | Other assistance received \$ | |

| SECTION III – TAX LIABILITY |
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| <p>Under current Federal law, the Office of the State Comptroller states that the IRS has determined reimbursement under the CLEFR Program does not qualify for the exclusion from gross income that applied to benefits payable under education assistance programs. Therefore, these reimbursements will be reported to you as taxable income. Extra withholding connected with CLEFR payments will be taken from a paycheck in early December. You will be notified in mid-November which paycheck will be impacted.</p> <p>I understand I will incur a tax liability. Please initial _____.</p> |

| SECTION IV – SIGNATURE |
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| <p>I attest to the authenticity of the statements in this application, as well as the enclosed documentation. I have complied with all eligibility requirements of the Certification and Licensure Exam Fee Reimbursement Program and request reimbursement. All the information contained in this request is true and accurate. I have read and understand the guidelines to this program and agree to comply with all policies and procedures.</p> <p>Signature: _____ Date: _____</p> |