

NYS/UUP Joint Labor-Management Committees
Certification and Licensure Exam Fee Reimbursement Program
Application Instructions

The NYS/UUP JLMC Certification and Licensure Exam Fee Reimbursement (CLEFR) Program Application must be used to apply for reimbursement through the CLEFR Program. A separate application form and supporting documentation must be submitted for each exam. For complete guidelines and printable application forms, go to: oer.ny.gov/nysuupclefr.

Applications and supporting documentation must be submitted within 90 calendar days after the end date of the exam.

A maximum reimbursement of \$1,200 is available for the period January 1, 2023 through March 31, 2023. All supporting documentation must have the applicant's name printed on them by the issuing entity.

Documentation submitted by email must be in PDF format. All other formats (JPGs or other photo formats, Word or Pages documents, links to documentation or websites, etc.) will not be accepted.

The following documents are required:

- ☐ Unaltered invoice, receipt, or itemized summary from the exam provider, showing the registration cost of the exam (separate from any additional fees).
- ☐ Proof of payment, such as a bank statement, credit card statement, or cancelled check.
- ☐ Documentation showing any financial assistance that has been or will be received toward the cost of the exam indicating the name of the entity providing the assistance.
- ☐ Documentation showing the start and end dates of the exam (month, day, and year).
- ☐ Documentation from the exam provider indicating successful passing of the exam (license or certificate will not be accepted).
- ☐ **I understand checks will be mailed to the address on the application and cannot be forwarded to another mailing address.**

A completed application, that is signed and dated, and supporting documentation must be submitted to NYS/UUP JLMC via email or mail by the application deadline as follows:

- An emailed application and supporting documentation must be sent to nysuupclefr@oer.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.
- A mailed application and supporting documentation, postmarked by application deadline must be sent to:

NYS/UUP Joint Labor-Management Committees
Agency Building 2, 8th Floor
2 Empire State Plaza
Albany, NY 12223

NYS/UUP JLMC is not responsible for lost, misdirected, late, or incomplete applications. All questions can be addressed to nysuupclefr@oer.ny.gov by calling 518-486-4666.

It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.

NYS/UUP Joint Labor-Management Committees
Certification and Licensure Exam Fee Reimbursement (CLEFR) Program Application
PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

1. APPLICANT INFORMATION

Start date of SUNY Service	NYS EMPLID Number (found on paycheck stub) (Required for payment by Office of the State Comptroller) N _____		
First and Last Name (as it appears on your NYS paycheck stub)		Campus	
Mailing Address* (Include Apartment/Unit/Floor #)		City	State Zip Code
Title/Rank	Title/Rank Appointment Date	Division/Program/Department	
Home Phone	Cell Phone	Work Phone	
Primary Email Address			
Employment Status Full-time Part-time		Employment Category Academic Professional	

2. EXAM INFORMATION

Name of Exam Provider		Exam Provider Phone
Exam Name		
Exam Start Date	Exam End Date	Exam Grade
Is this exam related to your job or career progression with SUNY? Job <input type="checkbox"/> Career <input type="checkbox"/>		
Explain how the exam directly relates to your profession, job assignments, duties and responsibilities, or how it will increase your opportunity for advancement or career mobility within SUNY.		
Cost of exam \$ _____	Additional financial assistance received or will be receiving from your campus or other sources. Amount \$ _____	

3. CERTIFICATION

Important Message to Certification and Licensure Exam Fee Reimbursement Program Participants *Please note: If there is a change to the applicant's mailing address, reimbursement checks cannot be forwarded to another mailing address. It is imperative the applicant's mailing address listed on the application above is correct, including P.O. Box, apartment, or floor number. Under current Federal law, the Office of the State Comptroller states that the Internal Revenue Service (IRS) has determined reimbursements under the Certification and Licensure Exam Fee Reimbursement (CLEFR) Program do not qualify for the exclusion from gross income that applies to benefits payable under educational 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. If you have questions regarding your specific tax situation, please consult your tax professional or the IRS for assistance. <p style="text-align: center;">I understand that I may incur a tax liability (required).</p> By signing and dating this application, I hereby certify that all information contained on this application and attached supporting documentation is true and accurate. I have read and understand the guidelines for this program and agree to comply with all the program policies and procedures. I understand failure to complete and pass an exam or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits. Use digital signature or print and hand sign.	
Applicant Signature _____	Date _____
Supervisor Signature _____	Date _____
Print Name _____	