



CAREER PATHWAYS TRAINING PROGRAM

1199SEIU Training and Employment Funds | Center for Healthcare Workforce Development Inc.

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Backfill Attestation Form

This serves as an agreement between the Center for Healthcare Workforce Development Inc. (TEF) and _____ (Employer Partner). By signing this form, the Employer Partner certifies that the employees listed in the attached transmittal form have been released with pay to participate in a Career Pathway Training (CPT) Program paid for by (TEF) for the number of days and period specified in the transmittal form.

The Employer understands that backfill is to be used when a participant is being paid a wage by the Employer for time-off associated with a training or education program in which the participant is enrolled. The Employer recognizes their responsibility to provide coverage during the participant's paid absence.

TEF agrees to reimburse the Employer Partner at the rates and for the hours listed in the Backfill Transmittal Sheet. For maximum rates see "Backfill Maximum Rates By Participant Program of Study" (Attachment 1).

The Employer Partner understands to obtain reimbursement for backfill the following will be provided:

- ✓ Signed Backfill Attestation Form
- ✓ Signed W9 Form
- ✓ Backfill Transmittal Sheet

The Employer Partner also understands that it must retain on file for a period of 6 years payroll documents as proof of payment to Career Pathway Training program participants and attendance records demonstrating participants did not work during paid released days. These documents must be open to inspection by TEF or government entities.

Supporting Documentation (but not limited to):

- ✓ Backfill Transmittal Sheet
- ✓ Payroll register/earnings statement (proof of payment and pay rate)
- ✓ Staffing schedules or time sheet/time card

The Employer Partner understands if it is unable to provide the above payroll documentation during a government agency audit, my organization may be required to return the funds paid for backfill.

Signature of Authorized Signatory

Title

Print Name

Date

Partnering Employer Name

Phone # (include ext.)

By signing this form, I acknowledge I am authorized to sign and can be contacted for additional information if needed.

ATTACHMENT 1

Backfill Maximum Rates By Participant Program of Study

TEF agrees to reimburse the Employer Partner at the rates listed below. These rates apply to program of study that the participant is enrolled in.

- \$175** Certified Pharmacy Technician (PhT)
- \$175** Certified Medical Assistant (MA)
- \$175** Community Health Worker (CHW)
- \$175** Credentialed Alcoholism and Substance Abuse Counselor (CASAC)
- \$259** Licensed Mental Health Counselor (LMHC)
- \$175** Licensed Practical Nurse (LPN)
- \$259** Master of Social Work (MSW)
- \$259** Nurse Practitioner (NP)
- \$175** Patient Care Coordinator (PCC)
- \$259** Physician Assistant (PA)
- \$175** Registered Nurse - Associate's Degree (AAS)
- \$300** Bachelor of Science in Nursing (BSN) and RN to BSN
- \$175** Respiratory Therapist (RT)