



ALLIANCE PARTICIPANT FORM

www.employeegrowth.com

You must complete and submit this form to The Alliance before you can participate in any Alliance Program. Fax or mail the form to The Alliance address or hand the form to a local Alliance representative. You do not need to submit the form again except to advise The Alliance of a change in your contact or employment status.

Complete ONLY if 1st time Alliance Participant OR if you have any updates to below information:

The Alliance Headquarters - 80 Cottontail Lane, Suite 320, Somerset, NJ 08873

Ph. (732) 563-0028 • (800) 323-3436 • Fax (732) 563-1724

EMPLOYEE INFORMATION

Is this an Information change or update? Yes No
Mr. / Mrs. / Ms.

ALC. Number _____

| | | |
|---|-----------------|------------------------|
| Last | First | Middle |
| Home Address (Include Apt/Unit#) | | HRID# / ATTUID# |
| City | State | Zip |
| | | (_____) Home Telephone |
| Work Address (Include Floor/Room/Suite) | | (_____) Work Telephone |
| City | State | Zip |
| | | Work Location Number |
| Official Job Title | Supervisor Name | Your Email Address |

ALLIANCE ELIGIBILITY STATUS

I am an employee of: AT&T Alcatel-Lucent Avaya Inc. Sodexo

I am a (*check one*): Regular Full-Time Employee Regular Part-Time Employee Displaced Employee Term Employee*

My Seniority Date is: _____ Union Affiliation: CWA Local No. _____ IBEW Local No. _____

My Layoff Date is: _____ For Displaced Employees Only: I am receiving separation pay equal to _____ number of weeks.

CERTIFICATION OF ELIGIBILITY & BARGAINING UNIT STATUS

ELIGIBILITY RULES

- A. Active Employment Eligibility
 - A.1 Be a regular full-time AT&T / Alcatel-Lucent / Avaya/Sodexo employee or term employee (*Term Employees are eligible for Alliance-sponsored programs during active employment only).
 - A.2 Be represented by one of the following:
 - a. CWA
 - b. IBEW (non-manufacturing unit), and
 - A.3 Otherwise eligible but on union leave of absence.
- B. Laid off Employee Eligibility (All requirements apply)
 - B.1 Be formerly eligible under A.
 - B.2 Have submitted an Alliance Participation Form within 6-months of lay off date
 - B.3 Be within 1-year plus # of weeks of separation pay since date of layoff
 - B.4 Have not been re-employed in comparable employment, and
 - B.5 Not pension eligible at time of layoff or pension eligible within recall rights.

I certify that I am eligible for Alliance services in accordance with the above stated eligibility rules.

Signature _____/_____/_____
Date

Give Completed form to an Alliance Local Committee member or mail/fax to The Alliance Somerset, NJ Office.