



REQUEST FOR CERTIFICATION EXAM REIMBURSEMENT

ALLIANCE GUIDELINES

The Alliance will reimburse participants for **Certification Exams** according to the following specifications:

1. Alliance-eligible employees will be reimbursed **for the first time** they pay to take Certification Examinations.
2. Reimbursements will be made only to individuals who meet the following criteria and submit the following evidence:

CRITERIA	DOCUMENTARY EVIDENCE
<ul style="list-style-type: none"> ▪ Participants must have participated in Alliance-sponsored Certification or Foundation training and be an active employee. 	<ul style="list-style-type: none"> ▪ Submit Certification Exam results. ▪ Submit Proof of Payment for the Certification Exam. ▪ Submit Request for Reimbursement Form.

3. The reimbursement payment will reflect the amount paid by the participant for the Certification Exam.

*******NOTE: PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING OF REQUEST*******

REQUEST FOR REIMBURSEMENT

FAX ALL INFO TO: 732-563-1724

Name (Please Print): _____

Mailing Address (address where you would like your check mailed):

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Telephone No. (H): _____ Telephone No. (W): _____

HRID/ATTUID: _____ Email Address: _____

Company: AT&T ___ Alcatel-Lucent ___ Avaya ___ Other (Please specify) _____

Current Work Location (City, State): _____

Name of Certification Exam: _____ Test Date: _____

What amount did you pay for the certification exam? _____

Alliance-sponsored certification prep class(es) completed corresponding to the certification exam:

Training Provider: Alliance *LIVE!* class _____ Pre-Paid Tuition _____ Alliance Group-Training Program _____

I certify that I have fulfilled the requirements outlined above, am eligible for Alliance funding and are an active employee.

Signature