



# 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 1<sup>st</sup> 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  Nokia  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 / Nokia / 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.