



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

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 \_\_\_ Nokia \_\_\_ 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