Alliance Participant Form

You must complete and submit this form to The Alliance before you can participate in any Alliance Program. Email the form to Alliance Learning. You do not need to submit the form again except to advise Alliance Learning 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:

EMPLOYEE INFORMATION

Has this information change or update?   Yes   No

Mr   Mrs   Ms.

Title	Last	First	Middle

Home Address (Include Apt/Unit#)	HRID

City	State	Zip	Home/Mobile 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 Avaya Inc   Yes   No

I am a (select 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.

For Displaced Employees Only:

My Layoff Date is: _____   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 Avaya 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 Learning 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 Learning services in accordance with the above stated eligibility rules.

Signature _____   Date _____

Return Completed Form to Avaya Alliance Learning at trdouglas@avaya.com.

Alliance LEARNING