## 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:

		EMPLC	OYEE INFORMATION	
Has this informati	ion change or update?	Yes No		
Las	t	First	Middle	
	Hom	ne Address (Include Apt/Un	it#)	HRID
City	у	State	Zip	Home/Mobile Telephone
	Work Ad	ddress (Include Floor/Room	n/Suite)	Work Telephone
City	у	State	Zip	Work Location Number
Official Job Title Supervisor Name Your Email Address		Your Email Address		
		ALLIANC	E ELIGIBILITY STATUS	
I am a (select My Seniority Date My Layoff Date is	e is:		Union Affiliation: CWA  For Displaced Employees  I am receiving separation	pay equal to number of weeks.
	Cl	ERTIFICATION OF ELIG	IBILITY & BARGAINING UNIT STA	ATUS
A.1 E A.2 E A.3 C B. Laid off E B.1 E B.2 F	Be represented by one of a. CWA b. IBEW (non-manufact) Otherwise eligible but of a mployee Eligibility (All reflections formerly eligible und have submitted an Allian	aya employee or term ligible for Alliance-spo of the following: uring unit), and n union leave of abse equirements apply) er A. nce Learning Participa	onsored programs during active	
B.4 F B.5 F	Have not been re-emplo Not pension eligible at t	yed in comparable en ime of layoff or pension		igibility rules.

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

