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CLIENT INFORMATION SHEET

We may need to reach you quickly to respond to discovery requests, schedule depositions, and update you about the status of any settlements or litigation relating to your overtime lawsuit against the City of Hayward. Please complete the following form as completely as possible to ensure we have your contact information. Please note that the City may be able to monitor communications made using work-issued phones and email accounts. As such, we need your non-work email address and phone number.

NAME: _____

MAILING ADDRESS: _____

HOME TELEPHONE NUMBER: _____

NON-WORK CELL NUMBER: _____

PERSONAL EMAIL ADDRESS: _____

JOB CLASSIFICATION/TITLE: _____

CURRENT EMPLOYMENT STATUS: Active ___ Separated ___ Other _____

DATE HIRED: _____

DATE OF SEPARATION (if separated): _____

1. Have you worked overtime at any time from December of 2021 to the present? (If the answer is no, you should not participate in this action).
2. Have you opted out of health insurance and received cash payments in lieu of health benefits from the City at any time from December of 2021, to the present?

Date: _____ Signature: _____

Please return this form by mail, email, or fax to:

Mail: Mastagni Holstedt, APC
Attn: Labor Department
1912 "I" Street, Sacramento, CA 95811
Email: haywardflsa@mastagni.com
Fax: (916) 447-4614