

CLASS WORKWEEK DISPUTE FORM

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF STANISLAUS

Leticia Rodriguez v. Modesto Restaurant Group, LLC

CASE NO. CV-21-0002691

Indicate Name/Address Changes, if any:

<<Name>>

<<Address>>

<<City>>, <<State>> <<Zip Code>>

INSTRUCTIONS

IF YOU WERE EMPLOYED BY MODESTO RESTAURANT GROUP, LLC (“MODESTO RESTAURANT GROUP”) IN CALIFORNIA AS AN HOURLY-PAID OR NONEXEMPT EMPLOYEE BETWEEN JANUARY 21, 2017 THROUGH APRIL 1, 2022 (“SETTLEMENT PERIOD”), THEN YOU ARE A SETTLEMENT CLASS MEMBER.

The amount of your estimated Individual Settlement Payment is based upon the Eligible Workweeks you worked for Modesto Restaurant Group in California from January 21, 2017 through April 1, 2022.

“Eligible Workweeks” are calculated as the number of days between a Class Member’s start date and end date working as an hourly-paid or non-exempt employee for Defendant during the Settlement Period, divided by seven. Where a Class Member has worked multiple eligible stints or tenures during the Settlement Period, the number of Eligible Workweeks in each eligible stint will be added together to produce a total number of Eligible Workweeks for that Class Member. The number of Eligible Workweeks applicable to your claim is set forth in Section I below. If you believe that the number of workweeks stated is incorrect, you may dispute the number of workweeks by submitting this completed Workweek Dispute Form with supporting documents on or before **October 17, 2022**. **If you believe that the number of workweeks stated below is correct, you do not have to do anything.**

If you have moved or may move in the future, you must immediately send your new address to the Settlement Administrator at the address listed above; otherwise, your individual settlement payment may not reach you. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement payment.

I. YOUR COMPENSABLE WORKWEEKS

You worked as an hourly-paid or non-exempt employee for Modesto Restaurant Group in California between January 21, 2017 through April 1, 2022, which qualifies you as a Settlement Class Member, and your total number of Eligible Workweeks in this position are: <<NUMBER OF WORKWEEKS>>

II. YOUR ESTIMATED INDIVIDUAL SETTLEMENT PAYMENT

Based upon the number of workweeks stated above, your estimated pre-tax Individual Settlement Payment is <<INSERT>>.

III. YOUR COMPENSABLE PAGA PAY PERIODS

You worked as an hourly-paid or non-exempt employee for Modesto Restaurant Group in California between January 25, 2020 through April 1, 2022, which qualifies you as a PAGA Employee, and your total number of Eligible Pay Periods in this position are: <<NUMBER OF PAY PERIODS>>

IV. YOUR ESTIMATED INDIVIDUAL PAGA SETTLEMENT PAYMENT

Based upon the number of pay periods stated above, your estimated Individual PAGA Settlement Payment is <<INSERT>>.

V. CHALLENGE TO WORKWEEKS OR PAY PERIODS

If you wish to dispute the Eligible Workweeks or Pay Periods data listed, you must postmark your dispute and provide all supporting information and/or documentation to the Settlement Administrator by **October 17, 2022**.

*Check the box below **ONLY** if you wish to dispute the data listed in Section I:*

I wish to dispute the number of Eligible Workweeks listed in Section I. I believe the correct amount of my workweeks is _____. I have also included information and/or documentary evidence that support my dispute. I understand that, by submitting this dispute, I hereby authorize the Settlement Administrator to review Modesto Restaurant Group’s records and make a determination as to the validity of my dispute based upon Modesto Restaurant Group’s records as well as the records and information that I submit to the Settlement Administrator.

I wish to dispute the number of Eligible Pay Periods listed in Section III. I believe the correct amount of my pay periods is _____. I have also included information and/or documentary evidence that support my dispute. I understand that, by submitting this dispute, I hereby authorize the Settlement Administrator to review Modesto Restaurant Group’s records and make a determination as to the validity of my dispute based upon Modesto Restaurant Group’s records as well as the records and information that I submit to the Settlement Administrator.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the information I provided in this Workweek Dispute Form is true and correct.

Dated: _____

Signature: _____

Print or Type Name: _____

MAIL TO:
RODRIGUEZ v. MODESTO RESTAURANT GROUP, LLC CLASS ACTION SETTLEMENT
c/o Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863

**IF YOU ARE CONTESTING THE AMOUNT OF YOUR ELIGIBLE WORKWEEKS,
YOU MUST SIGN, POSTMARK, AND RETURN THIS FORM TO THE
SETTLEMENT ADMINISTRATOR ON OR BEFORE OCTOBER 17, 2022.**