

STATEMENT OF WEEKS WORKED FORM

Usa Corrales-Rojas v. Q & B Foods, Inc. and ESG Employer Resources, Inc.
Superior Court for the State of California, County of Los Angeles Case No. 20STCV40885

THIS FORM IS FOR YOUR INFORMATION ABOUT YOUR ESTIMATED SETTLEMENT SHARE. YOU DO NOT NEED TO DO ANYTHING WITH THIS FORM UNLESS THE INFORMATION ABOUT YOU ON THE FORM IS INCORRECT.

This Statement of Weeks Worked Form includes information based on the records of Q&B Foods, Inc. or one of the following staffing agencies that provided workers to Q&B Foods, Inc. (“Q&B”) during the Class Period: ESG Employer Resources Inc., Actalent, Aeroteck, Approved Staffing Services LLC, Center Staffing Network LLC, Express Associates, Premium Transport, Priority Workforce, Randstad, Resource MFG, and Skillset (each referred to as an “Agency”).

IT IS IMPORTANT THAT YOU CAREFULLY CHECK THE INFORMATION PERTAINING TO YOUR CONTACT INFORMATION IN PART I BELOW AND CORRECT ANY INACCURACIES. NOTE: If you wish to make any corrections, this Statement of Weeks Worked Form must be postmarked no later than 45 days after initial mailing and received by the Settlement Administrator to be processed.

This Statement of Weeks Worked Form is to provide you with an opportunity to verify your name and contact information and to correct any information regarding the timeframe you worked for Q&B in California as a non-exempt, hourly employee of either Q&B or an Agency.

YOU DO NOT NEED TO COMPLETE THIS FORM TO SHARE IN AND RECEIVE THE SETTLEMENT PROCEEDS IN THIS LAWSUIT. IF YOU WANT TO CORRECT THE INFORMATION ON THIS FORM, YOUR COMPLETED AND SIGNED STATEMENT OF WEEKS WORKED FORM MUST BE POSTMARKED ON OR BEFORE 45 DAYS AFTER INITIAL MAILING. YOU MUST SEND IT BY FIRST-CLASS UNITED STATES MAIL, OR THE EQUIVALENT, TO THE FOLLOWING ADDRESS:

Usa Corrales-Rojas v. Q & B Foods, Inc. and ESG Employer Resources, Inc.
Settlement Administrator
Phoenix Settlement Administrators, P.O. Box 7208, Orange, CA 92863

You should keep a copy of the completed Statement of Weeks Worked Form and record the date on which you mailed it for your records. If you would like an acknowledgment of receipt for these documents, please send them certified mail, return receipt requested. If you move, please send your new address to the Settlement Administrator at the address listed above.

Only Settlement Class Members or their legal representatives may submit a Statement of Weeks Worked Form. Any executor, administrator, guardian, conservator, or trustee who submits a Statement of Weeks Worked Form on behalf of a Settlement Class Member or his or her estate must (1) sign the Statement of Weeks Worked Form on the Settlement Class Member’s behalf; (2) indicate his or her title as representative (i.e., executor, trustee, etc.); and (3) submit proof of his or her authority to act on the Settlement Class Member’s behalf.

If you have questions about your claim or how to complete this Statement of Weeks Worked Form, you may call the Settlement Administrator at (800) 523-5773.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

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PART I: CLAIMANT IDENTIFICATION

[Pre-Printed Class Member First and Last Name]
[Pre-Printed Class Member Address]

If any of the above contact information is inaccurate, please provide the correct information below:

Name (First, Middle, Last)

Name Used While Employed by either Defendant [if different from current name - First, Middle, Last]

Street Address:

City: _____ State: _____ Zip Code: _____

Telephone: home: (____) ____ - ____ Telephone: work/cell: (____) ____ - ____

PART II: EMPLOYMENT

Section A: Claim Based on Defendants’ Records

A. Q&B and or one of the Agency’s records indicate that between October 26, 2016 and May 15, 2022 (“Class Period”) you were employed in California by either Q&B or one of the Agencies and providing services to Q&B in a non-exempt, hourly job position:

From <<STARTDATE>> to <<ENDDATE>>
[And from <<STARTDATE2>> to <<ENDDATE2>>]

Based on the number of weeks worked above, your estimated Individual Payment Amount is \$_____.

This Individual Payment Amount is based on the number of weeks worked by you at Q&B in California in a non-exempt, hourly position during the Class Period,

Section B: Claim Based on Information Provided by Settlement Class Member.

Complete this section only if you believe that the information set forth in Section A above is not accurate. When you return this Statement of Weeks Worked Form to the Settlement Administrator, you must also send any documentation that supports or relates to the information that you provide in this Section B. Please do not include any time periods (1) before October 26, 2016 or (2) after May 15, 2022.

These are the dates I was employed as a non-exempt, hourly employee at Q&B in California:

From __ / __ / __ to __ / __ / __

From __ / __ / __ to __ / __ / __ (If employed more than once)

Please attach any records which document or support the dates you worked at Q&B as a non-exempt hourly employee in California.

DECLARATION AND SIGNATURE

I declare under penalty of perjury under the laws of the State of California and the United States that the foregoing information is true and correct to the best of my knowledge, including my employment occurring within the time period of October 26, 2016 and May 15, 2022.

DATED: __ / __ / 2023

SIGNATURE

PRINT NAME