

***Monge v. Universal Building Maintenance, LLC, et al.***  
(Orange County Superior Court, Case No. 30-2020-01140656-CU-OE-CXC)  
**Coordinated and Filed as Orange County Superior Court, Case No. JCCP 5192**

**WORKWEEK DISPUTE AND CONTACT INFORMATION UPDATE FORM**

**INSTRUCTIONS:** You have been identified as a member of the Settlement Class described in the Notice of Proposed Class Action Settlement that was sent to you with this Workweek Dispute and Contact Information Update Form. This form can be used to update your contact information, or to dispute your total workweeks according to Defendant Universal Building Maintenance, LLC's records ("Defendant").

If the information contained on this form is correct, you DO NOT need to take any action at this time and will automatically be sent a Settlement payment after the Settlement is approved.

If the contact information contained in this form is incorrect, or if you believe the number of workweeks reported in Defendant's records is inaccurate, you must complete, sign, and return this form, along with documents supporting your dispute, to the Settlement Administrator at:

***Monge v. Universal Building Maintenance***  
c/o Phoenix Settlement Administrators  
P.O. Box 7208  
Orange, CA 92863  
Toll-Free: 1(800) 523-5773  
Fax: (949) 209-2503

**ALL WORKWEEK DISPUTE FORMS MUST BE POSTMARKED NO LATER THAN JUNE 10, 2023.**

**1. CURRENT CLASS MEMBER INFORMATION CORRECTED INFORMATION**

<<Name>> \_\_\_\_\_  
<<Address>> \_\_\_\_\_  
<<City>>, <<State>> <<Zip Code>> \_\_\_\_\_  
<<Last 4 Digits of Social Security No.>> \_\_\_\_\_

If any of the information above is incorrect, please provide the corrected information in the space provided and return this form to the Settlement Administrator at the address listed above before **JUNE 10, 2023**.

**2. REPORTED WORKWEEKS**

According to Defendant's records, you performed work for Defendant in California as an hourly-paid, non-exempt employee for a total of «**Work\_Weeks**» workweeks during the time period between May 22, 2016 and June 9, 2022. Based on this figure, the Settlement Administrator has preliminarily calculated your total share due under the Settlement to be approximately \$«**Total\_Settlement\_Amount**». This figure could change depending on whether any Class Members opt-out from the Settlement, approval of other payments by the Court, and required tax withholdings.

If the information in Section 2 is accurate, you do NOT need to take any action at this time and will automatically be sent a Settlement.

If you believe that the information in this Section 2 is inaccurate, please check the box below, write in the number of workweeks you believe you worked for Defendant in California as an hourly-paid, non-exempt employee between May 22, 2016 and June 9, 2022, sign and date this form where indicated below, and return this completed form to the Settlement Administrator, along with any documents that support your dispute. If you do not provide any documents supporting your dispute, the number of workweeks reported in Defendant's records will be presumed correct and your challenge will be rejected by the Settlement Administrator.

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I wish to challenge the total number of workweeks reported above. I believe that I worked \_\_\_\_\_ workweeks for Universal Building Maintenance, LLC between May 22, 2016 and June 9, 2022. I have included any documentary evidence that supports my claim, and I recognize that my claim will not be reviewed without such statement or evidence being provided. I understand that by submitting this challenge, I authorize the parties to review and make a determination based on Universal Building Maintenance, LLC's records and the records/statement I submitted. I understand that this determination may increase or decrease the amount of my Settlement share. I understand that the Settlement Administrator and Counsel for Defendant and the Class will attempt to resolve any such dispute, but the Court ultimately will decide any unresolved dispute.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Class Member

\_\_\_\_\_  
Print Name

If you have any questions about completing this form, please call the Settlement Administrator at 1(800) 523-5773. You are responsible for ensuring that the Settlement Administrator receives this form.