CLAIM FORM

Vasquez, et al. v. USM, Inc. et al.

COMPLETE AND RETURN THIS FORM ON OR BEFORE SEPTEMBER 15, 2015 IF YOU ARE A CLASS MEMBER AND WANT TO CLAIM MONEY FROM A CLASS ACTION SETTLEMENT

YES	NO					
		I performed <i>daily maintenance</i> janitorial services at a Ross Dress for Less or dd's DISCOUNTS store in California between September 5, 2009 and February 10, 2015. (This does <u>NOT</u> include "floor work," "wet work," or "scrub and recoat" or "strip and wax" work.)				
_		red YES, continue to the next section of the sectio	-	-	re not a Class Member	
<u>Inforr</u>	nation	about the possible value of your C	laim:			
В.	\$250 mailin If you an add the M If you plus the Ross at total p	are a Class Member, you will be mif the Settlement Administrator already address in Section 1, below. provide information about your emplitional Minimum Payment for subminimum Payment will not exceed \$5 a complete Sections 2, 3 and 4 below the Minimum Payment, and a prorate store divided by the number of mayment if you submit a valid TIN may be a store of the section of the payment of the payment if you submit a valid TIN may be a store of the section of the payment of the payment of the payment if you submit a valid TIN may be a section of the payment o	ployment in Securiting your claim 75. You must a bw, you will be bed payment (base on the worked by	tion 2, below, you. The value of the last sign the release eligible to received on the number all Class Mem	s for you or you provide bu will be eligible to receive the Automatic Payment plus se in Section 3. we the Automatic Payment of months you worked at bers who file claims). The	a ve is t,
First N	ame	MI Last	Name			
Addres	SS		Address2			
City			State	Zip Code	Zip 4 (optional)	
Teleph	one Nu	mber: (
Email /	Address	:	@			







Section 2 (Information about Ross stores you cleaned):

List the following in the boxes. If you need more room, attach a separate piece of paper:

- A. Location/City of Ross or dd's DISCOUNT store(s) that you cleaned (list all and be as specific as possible):
- B. Name of your employer(s), the janitorial subcontracting company(s) and/or your boss(es) (list all):
- C. The number of months when you performed daily maintenance at a Ross or dd's DISCOUNTS store (not "wet work" or "floor work"). For example, if you worked one shift in January 2010 and 5 shifts in February 2010, answer "2.":

Ross or dd's DISCOUNT	LOCATION (Street, City)	NAME OF SUBCONTRACTOR/ EMPLOYER/BOSS	Number of Months in which You Worked Providing DAILY MAINTENANCE SERVICES	DATES

Section 3 (The release of your claims):

By submitting this Claim Form, I verify that I performed daily maintenance janitorial services at a Ross Dress for Less and/or dd's DISCOUNTS store sometime between September 5, 2009 and February 10, 2015. I agree to be bound by the terms of the settlement and release any and all claims arising out of the facts as alleged in the Second Amended Complaint regarding the provision of Daily Maintenance Services at a Ross store in California in connection with the performance of a contract or agreement between USM and Ross for the provision of Daily Maintenance Services at a Ross store in California at any time from September 5, 2009 until February 10, 2015, including, but not limited to, any claim under any federal, state or local statute including, but not limited to the Fair Labor Standards Act, the California Private Attorney General's Act, and California Business and Professions Code § 17200 et seq.; any provision of the California Labor Code including, but not limited to, Labor Code § 2810, and any other federal, state or local law or ordinance relating to the payment of wages.

I HEREBY DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF CALIFORNIA THAT THE INFORMATION I PROVIDED IN THIS CLAIM FORM IS TRUE AND CORRECT.

Date: / /	
mm/dd/yyyy	(Sign your name here)





