CONSENT TO JOIN FLSA COLLECTIVE ACTION
DELTA COUNTY MEMORIAL HOSPITAL OVERTIME CLAIM

Court-imposed deadline for filing is **June 20, 2021**.

Print Name:_____

1. I consent, agree, and opt-in to the lawsuit filed against Delta County Memorial Hospital to pursue my claims of unpaid overtime during my employment with Defendant.

2. I understand that this lawsuit is brought under the Fair Labor Standards Act, and I consent to be bound by the Court's decision.

3. I designate the law firm of Schneider Wallace Cottrell Konecky, LLP as my attorneys to prosecute my wage claims.

4. I consent to having the Representative Plaintiff in the Complaint against the Defendant make all decisions regarding the litigation, the method and manner of conducting this litigation, releasing of claims, entering into an agreement with Plaintiff's Counsel regarding attorneys' fees and costs, the terms of any potential settlement of this litigation if such settlement is approved by the Court, and all other matters pertaining to this lawsuit.

5. If needed, I authorize Schneider Wallace Cottrell Konecky LLP to use this consent to re-file my claim in a separate lawsuit, arbitration, or proceeding against Defendant.

Signature:_____ Date:_____

You may also sign this form electronically by going to this website:

www.dcmhflsa.ilymgroup.com

If you sign the paper version of this form, please return your signed form to:

DELTA COUNTY MEMORIAL FLSA LITIGATION
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Telephone Number: (888) 250-6810
Fax: (888) 845-6185
Email: claims@ilymgroup.com

Information below this sentence will NOT be filed with the court but is needed. Please print clearly.

Mailing Address: _____

_____

_____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email:_____

Alt. Email: _____

Estimated dates of employment (month/year): _____ to _____.

Department(s) Worked:_____

_____

_____

_____