

CLIENT INFORMATION SHEET

We must be able to reach you quickly to respond to discovery requests, schedule depositions, and update you about the status of any settlements or litigation relating to your overtime lawsuit against the Bay Area Rapid Transit District. Please complete the following form, to ensure we have your contact information. Please note that the District may be able to monitor communications made using District-issued phones and email accounts. As such, we need your non-work email address and phone number.

NAME: _____

MAILING ADDRESS: _____

HOME TELEPHONE NUMBER: _____

NON-WORK CELL NUMBER: _____

PERSONAL EMAIL ADDRESS: _____

JOB CLASSIFICATION/TITLE: _____

CURRENT EMPLOYMENT STATUS: Active __ Separated __ Other __

DATE HIRED: _____

DATE OF SEPARATION (if separated): _____

QUESTIONNAIRE

1. Have you worked overtime at any time from June 2013 to the present? (If the answer is no, you should not participate in this action).

2. Have you received cash in lieu of health benefits from the Bay Area Rapid Transit District at any time from June 2013 to the present?

2. If yes, please estimate the dates you received cash in lieu of health benefits:

Date: _____