

OPT-IN CONSENT FORM

Amador v. The Brickman Group LTD., LLC, No. 3:13-cv-02529-MEM (M.D. Pa.)
Action for Improper Calculation of Overtime Compensation Against The Brickman Group LTD., LLC
United States District Court for the Middle District of Pennsylvania

Complete And Mail (or Email) To:

THE BRICKMAN GROUP WAGE & HOUR LITIGATION
ATTN: ALEXANDRA KOROPEY
BERGER & MONTAGUE, P.C.
1622 LOCUST STREET
PHILADELPHIA, PA 19103
Email: akoropey@bm.net
Tel: (215) 875-3063
Fax: (215) 875-4604

Name: _____ (Please Print)	Date of Birth:
Address:	Home Phone: Cell Phone: Email:

CONSENT TO JOIN COLLECTIVE ACTION

1. I consent and agree to pursue my claims arising out of alleged violations of the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* (“FLSA”) in connection with the above-referenced lawsuit.
2. I have worked as a salaried Supervisor for The Brickman Group, Ltd., LLC in **(location(s))** _____ from on or about **(date(s))** _____ to on or about **(date(s))** _____.
3. During that time, I have worked for The Brickman Group in excess of 40 hours/week in at least one or more workweeks.
4. I authorize the Named Plaintiff and his counsel, Berger & Montague, P.C. and Fried & Bonder, LLC (“Class Counsel”) to act as my agents to prosecute this lawsuit on my behalf and to negotiate a settlement of any and all claims I have against The Brickman Group in this litigation.

_____ (Date Signed)	_____ (Signature)
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****IMPORTANT NOTE****

Statute of Limitations concerns mandate that you return this form as soon as possible to preserve your rights.