UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

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§	Civil Action No.1:24-cv-6727
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Opt-In Form

Instructions: Please complete this form if you wish to opt into this collective action seeking payment of owed wages. By signing this form, you consent to join the lawsuit as a class member and agree to be bound by any judgment or settlement in the case. Please print clearly and provide all requested information.

1. Individual Information

- Full Name:
- Address:
- Phone Number:
- Email Address:

2. Consent to Join Lawsuit

Ι,	, I consent to join this lawsuit under	the
Fair Labor Standard	Act, 29 U.S.C. § 216(b), to recover unpaid wages, overtime p	ay,
and other damages	against. I understand that by opting into this lawsuit, I will	be
represented by the cl	ass counsel and will be bound by any judgment or settlement reach	ned
in this case.		
3. Acknowle	gment of Understanding	
I acknowledg	e that I have read and understood the terms and conditions of t	his
class action lawsuit.	I understand that by joining this lawsuit, I am waiving my right	t to
file an individual la	vsuit regarding the same claims. I further understand that I may	be
required to participa	e in discovery and/or testify in this case.	
4. Signature		
Date:		
	By:	