

**DISPUTE FORM**

**JOSE LUIS DE JESUS JIMENEZ V. GRACE STAFFING LLC, ET AL.**

Superior Court of California, County of Los Angeles

Case No. 23STCV10897

**AS EXPLAINED IN MORE DETAIL IN THE “NOTICE OF PROPOSED SETTLEMENT” (“NOTICE”) THAT CAME WITH THIS FORM, YOU HAVE THE FOLLOWING OPTIONS AS PART OF THE SETTLEMENT:**

<b>YOUR OPTIONS IN THIS SETTLEMENT</b>	
<b>DO NOTHING</b>	You will remain a member of the class, receive a settlement payment, and will be bound by the terms of the Settlement Agreement (including the release of claims).
<b>OBJECT</b>	If you choose, you may object to this Settlement. The Court may or may not agree with your objection. Objecting to the Settlement will not exclude you from the Settlement, and if the Court grants final approval to the Settlement, you will receive a payment from Settlement and will be bound by the terms of the Settlement Agreement.
<b>EXCLUDE YOURSELF</b>	This is the only option that allows you to exclude yourself from the class action portion the Settlement, including its release of claims. If you exclude yourself, you will receive no class action settlement payment as part of the Settlement and you will not be bound by the terms of the class action settlement as a result. You will, however, be bound by the terms of any Court-approved PAGA claim settlement.
<b>SUBMIT A WORKWEEK OR PAY PERIOD DISPUTE</b>	Your dispute and related documentation will be reviewed and a decision will be made regarding your applicable workweeks or pay periods based on the information available. You will receive a payment from the Settlement and will be bound by the terms of the Settlement Agreement.

**SUBMIT THIS FORM ONLY IF YOU WANT TO DISPUTE THE NUMBER OF APPLICABLE WORKWEEKS OR PAY PERIODS CREDITED TO YOU IN YOUR NOTICE:**

If you wish to submit a dispute, you must complete and mail this Dispute Form to the Grace Staffing Settlement Claims Administrator, ILYM Group, Inc. P.O. Box 2031, Tustin, CA 92781 on or before June 8, 2026. If the Notice has been re-mailed, then you shall receive an additional 14 days beyond this response deadline to submit this Dispute Form. You should provide any available documents or information supporting or substantiating your dispute.

If a dispute is submitted, Defendants will review its relevant records to verify the workweek and/or pay period information contained in your employee file. Defendants’ records shall have a rebuttable presumption of correctness. After review of your dispute and consultation with the relevant parties if necessary, the Settlement Administrator will make a final and binding determination without hearing or right to appeal (unless the Court rules otherwise) and communicate the Settlement Administrator’s determination to you, Class Counsel, and Defendants’ Counsel. Late or incomplete dispute forms will be invalid and will not be considered unless the Court approves consideration of such a late or incomplete dispute form.

**Check the applicable boxes and complete the dispute form information below:**

**Workweek Dispute:** I want to dispute the number of applicable Workweeks credited to me in my Notice of Proposed Settlement. I worked the following number of Workweeks between May 15, 2019 through June 22, 2025 (*i.e.*, the Class Period): \_\_\_\_\_. (*Be sure to include any supporting documentation/information*).

**Pay Period Dispute:** I want to dispute the number of applicable Pay Periods credited to me in my Notice of Proposed Settlement. I worked the following number of Pay Periods between June 11, 2022 through June 22, 2025 (*i.e.*, the PAGA Period): \_\_\_\_\_. (*Be sure to include any supporting documentation/information*).

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number, Including Area Code)

XXX - XX - \_\_\_\_\_  
(Social Security Number - last 4 digits only)