

INFORMATION SHEET

Name: _____

Address: _____

City

State

Zip Code

Social Security Number: _____

Dates of your employment with Alderwoods Group, Inc.: _____

Positions you held with Alderwoods and date(s) each position(s) was held: _____

Funeral Home locations where you worked while employed with Alderwoods: _____

By signing this form, I acknowledge that my reason for opting into this case is that I believe I worked overtime hours that I was not compensated for during the time I worked as a Funeral Services Support-4 or a Location Administrator from April 23, 2005 to the present because those hours were not pre-approved.

Signature

Date: _____

Type or Print Name