

CLAIM FORM

Waters v. AT&T Services, Inc., Northern District of California Case No. 3:09-CV-03983 BZ

IF YOU WANT TO RECEIVE MONEY UNDER THIS SETTLEMENT, YOU MUST COMPLETE THIS FORM.

CPT ID: <<CPT ID>>

<<Name>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip Code>>

Please provide current address (if different) here:

(____) ____ - ____

Home Telephone Number

YOU MUST COMPLETE, SIGN, AND MAIL (BY FIRST CLASS U.S. MAIL OR EQUIVALENT), FAX, OR EMAIL THIS CLAIM FORM. IT MUST BE POSTMARKED (IF MAILED), FAXED, OR EMAILED **ON OR BEFORE DECEMBER 13, 2010**, ADDRESSED AS FOLLOWS, OR YOU WILL BE INELIGIBLE TO RECEIVE A MONETARY RECOVERY.

MAIL TO:

AT&T/Waters Claims Administrator

c/o CPT Group, Inc.

16630 Aston

Irvine, CA 92606

Fax No. (949) 419-3446*

Email address: WatersVsATT@cptgroup.com

INSTRUCTIONS:

1. You must complete, sign and mail, fax, or email this Claim Form in order to be eligible for monetary recovery. You must include the last four digits of your social security number in the space provided below.
2. If you move, please send the Claims Administrator your new address. It is your responsibility to keep a current address on file with the Claims Administrator.
3. If you wish to challenge the employment data below, you must submit your challenge by **NOVEMBER 29, 2010**.

YOU MUST COMPLETE ALL PAGES OF THE CLAIM FORM.

AT&T Services, Inc.'s records show that during the dates set forth below (which are just those between August 27, 2005 and September 13, 2010), you worked in California and held one or more of the following position(s) while the position(s) was classified as exempt from overtime pay requirements: (1) Senior Database Administrator; (2) Senior Analyst (or Senior IT Analyst); and/or (3) Senior QC Test Analyst.

EMPLOYMENT DATES	POSITION
<<DATES>>	Senior Database Administrator
<<DATES>>	Senior Analyst (or Senior IT Analyst)
<<DATES>>	Senior QC Test Analyst

According to the Company's records, your total number of Compensable Workweeks (the number of workweeks you received pay for work performed within these date ranges) is: <<TOTAL WEEKS>>.

Based on the settlement formula, eligible class members will receive approximately \$124 per Compensable Workweek.

Therefore, the Parties estimate that the gross amount you will receive if you file a claim is \$<<EST SETT AMT>>.

Note: The amount you receive could be slightly higher or lower than this estimate.

FLSA CONSENT TO OPT IN

By submitting this Claim Form, I hereby give my consent to be a party plaintiff in this action pursuant to the Fair Labor Standards Act of 1938, 29 U.S.C. § 216(b).

CHALLENGE

Check one:

- I do not wish to challenge the dates or number of Compensable Workweeks listed above.
- I wish to challenge the dates and/or number of Compensable Workweeks listed above. I have included with my signed Claim Form a written statement with what I believe are my correct dates during which I met the requirements for Compensable Workweeks. I have also included documentary evidence that supports my claim, and I recognize that my claim will not be reviewed without such evidence. I understand that by submitting this challenge, I hereby authorize the parties and the Claims Administrator to review AT&T Services, Inc.'s records and make a determination based on its records and the records I submitted, subject to final determination by the Court. I understand that this determination may increase or decrease the amount of my settlement share. I understand that such determinations are final and binding. I understand that I may contact Class Counsel regarding any challenge if I wish.

IF YOU WISH TO CHALLENGE THE DATES OR NUMBER OF COMPENSABLE WORKWEEKS LISTED ABOVE, YOU MUST SUBMIT THIS CHALLENGE, ALONG WITH THE COMPLETED CLAIM FORM, ON OR BEFORE NOVEMBER 29, 2010 (WITHIN 45 DAYS AFTER THIS FORM WAS MAILED TO YOU).

RELEASE OF CLAIMS

My signature constitutes my full and complete release of AT&T Services, Inc. and its former and present parents, subsidiaries, and officers, directors, employees, partners, shareholders, and agents, and any other successors, assigns, or legal representatives, from any and all wage-and-hour claims of every nature or description related to the allegations in the operative Complaint in *Duane Waters vs. AT&T Services, Inc.*, filed in the U.S. District Court, Northern District of California, Case No. 3:09-CV-03983 BZ. These released claims include any and all known or unknown claims of unpaid wages, including overtime, and payments for alleged meal and rest period violations, liquidated damages, attorneys' fees and costs, any and all available penalties, including but not limited to recordkeeping penalties, pay stub penalties, minimum wage penalties, meal and rest period penalties, and waiting time penalties, interest, and other claims or penalties under federal and state wage-and-hour law up to and including the date of the final court approval of the settlement. This includes, but is not limited to, all claims of the foregoing nature that arise under the California Labor Code; Business & Professions Code §§ 17200 *et seq.*; the Private Attorneys General Act of 2004; the California Industrial Welfare Commission Wage Orders; the Fair Labor Standards Act; and claims for conversion.

DECEASED OR INCAPACITATED CLASS MEMBERS

If you are submitting this Claim Form on behalf of a class member who has passed away or become incapacitated, provide details about the capacity in which you are submitting this Claim Form on separate sheets and include them with this completed Claim Form. You will have until January 12, 2011 to submit a claim on behalf of a deceased class member.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Substitute IRS Form W-9

Enter the last four digits of your Social Security Number: XXX—XX—

I certify that:

1. The partial social security number shown on this form correctly states the last 4 digits of my taxpayer identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or authorized to work in the U.S.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature

YOU MUST COMPLETE ALL PAGES OF THE CLAIM FORM.