

**IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

SARAH PATTON, ERICA KITTS, and)	
MARILEE HARRISON, individually and)	
on behalf of all similarly-situated persons,)	
)	
Plaintiffs,)	Civil Action No.: 3:15-cv-01013
)	
v.)	
)	
SERVICESTOURCE DELAWARE, INC.)	
d/b/a SERVICESTOURCE)	
INTERNATIONAL, INC.)	
)	
Defendant)	

TIME SENSITIVE CLAIM FORM

Name: _____

Address: _____

City, State, Zip: _____

If your name or address is different from those shown above, print the corrections on the lines above and to the right.

YOU MUST COMPLETE AND SUBMIT THIS FORM BY APRIL 30, 2019 TO BE ELIGIBLE TO RECEIVE MONEY FROM THIS SETTLEMENT

IF YOU DO NOT SUBMIT IT BY APRIL 30, 2019 YOUR CLAIM WILL BE REJECTED

YOU MUST EITHER SIGN AND RETURN THIS CLAIM FORM BY MAILING IT TO THE ADDRESS BELOW OR SUBMIT THE CLAIM FORM ELECTRONICALLY FROM WWW.SERVICESTOURCESETTLEMENT.COM BY APRIL 30, 2019. YOU MAY ALSO SUBMIT CLAIMS TO THE FAX NUMBER OR EMAIL ADDRESS IDENTIFIED BELOW.

Patton et al v. ServiceSource
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
info@rg2claims.com
ph: +1 866 742 4955
ph: +1 215 979 1620
fax: +1 215 827 5551

I. INSTRUCTIONS

1. You must sign and return this Claim Form by fax, e-mail or mail, or submit the completed claim form electronically at www.sservicesourcesettlement.com in order to be eligible to be paid money from this Settlement. Your Claim Form must be received or postmarked on or before the date above, or it will be rejected.
2. If you move, please send your new address to the address shown above. It is your responsibility to keep a current address on file at the address shown above.
3. If you sign and return this Claim Form and it is either received or postmarked on or before the date above, then provided the Court gives final approval to the Settlement, you will be sent a check for the applicable amounts based on when and where you worked for ServiceSource during the relevant time period as provided in the Settlement Agreement.
4. To the extent you are still employed as an at-will employee at ServiceSource or its affiliates or subsidiaries, submitting a claim will not impact your employment status.
5. By signing and returning this form and/or completing and submitting this form electronically, you agree to be bound by all terms of the settlement, including but not limited to the release of any and all claims for unpaid wages against ServiceSource for the time period prior to October 17, 2018.

(Sign your name here)

(Date)

Print Your Name Here

Former Names (if any)

(____) _____
Area Code Daytime Phone #

(____) _____
Area Code Evening Phone #

Email address

Home address