

ATTACHMENT A

CONSENT TO REPRESENTATION AGREEMENT

I hereby represent and warrant that I am an employee of the California Department of Corrections and Rehabilitation (hereinafter "CDCR") or the California Department of Mental Health (hereinafter "DMH") and that I am or was subject to the CDCR or DMH furlough program.

I have read the AGREEMENT to which this CONSENT TO REPRESENTATION is Attachment A. That AGREEMENT is entitled:

ATTORNEY/CLIENT ENGAGEMENT AGREEMENT; DISCLOSURE
AND CONSENT REGARDING JOINT REPRESENTATION
FLSA Action Seeking Declaratory Relief Re: Furloughs
Newton v. Schwarzenegger, et al.

I agree to be bound by all of the terms and provisions of the AGREEMENT as applicable to CONSENTERS.

DATE: _____
(Do Not Leave Blank)

Print Name

Sign Name

In order to ensure that I meet the criteria for Opting-In as a Consenter pursuant to the terms and provisions of that AGREEMENT, I declare that the following information is true and correct:

ADDRESS:

TELEPHONE NUMBERS AND PERSONAL EMAIL ADDRESS:

(By providing this information you agree to be contacted by these means.)

Home:

Work

Cell:

Email:

DATE OF BIRTH:

DATE OF HIRE (AND SEPARATION IF APPLICABLE) BY CDCR OR DMH:

CURRENT POSITION:

Title:

Location / Institution:

Years in Current Position:

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____