
**EVIDENT STAFFING, INC.
PLAINTIFF CONSENT FORM**

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against Evident Staffing, Inc. (d/b/a Evident Healthcare Management and Evident Staffing, LLC) (“Defendant”) and any other related entities or affiliates, to recover overtime pay.
2. During the past three years, there were times when I worked over 40 hours per week for Defendant as a Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA), Trained Medication Aide (TMA), or in a similar job title, and did not receive proper overtime compensation for the overtime hours I worked.
3. If this case does not proceed collectively, then I also consent to join any subsequent action to assert these claims against Defendant, and any other related entities or affiliates.

Date: _____

Signature

Print Name

Information below will be redacted in filings with the court. Please print or type.

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Email: _____