

THE RED FORM

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

JULI WINTJEN, on behalf of herself and all
others similarly situated,

Plaintiff,

v.

DENNY'S INC., *et al.*,

Defendants.

Civil Action No.: 2:19-cv-00069-CCW

REQUEST FOR EXCLUSION

By completing and returning this form, I affirm that I wish to be excluded from the "ETCN Rule 23 Subclass" in *Wintjen v. Denny's, Inc., et al.*, Case No. 2:19-cv-00069 (W.D. Pa.), as defined in the Settlement Agreement preliminarily approved by this Court, and as a consequence, **do not** want to remain part of the certified class under Fed. R. Civ. P. 23 this this action. I further understand that if I am a member of the FLSA Collective, by completing and returning this form, I affirm that I wish to have my previously filed Consent to Sue form withdrawn, thereby removing me as a member of the FLSA Collective. I also understand that if I am a member of the certified class under Fed. R. Civ. P. 23, but not the ETCN Rule 23 Subclass, a request to exclude my previously filed Consent to Sue form will not exclude me from the certified class under Fed. R. Civ. P. 23.

I affirm that I was employed by Defendant as a Tipped Employee on one or more days between January 22, 2016, through August 1, 2019, and hired by Defendant prior to January 1, 2019. I understand that this class action lawsuit seeks unpaid minimum wages that may be owed to me under applicable Pennsylvania state law. **I understand that, by submitting this form asking to be excluded from the ETCN Rule 23 Subclass and/or FLSA Collective, I will not receive any benefit from this Settlement.**

I further understand that if I **do not** submit this form asking to be excluded from this class action settlement, **I will receive my share of the Settlement proceeds** and will be bound by the releases set forth in the Settlement Agreement. Finally, I understand that in order for this form to be considered valid and thus exclude myself from the proposed settlement, it must be submitted to the Claims Administrator on or before October 10, 2024.

Date: _____

Signature

Printed Name