

Lopez v RMC
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Dispute Resolution Process Claim Form

Lopez v. Restaurant Management Corp., d/b/a McDonald's **Dispute Resolution Claim Form**

I, _____ [*print your name*], _____ [*include employee ID if available*], state that to the best of my knowledge, I was denied or not compensated for earned paid sick leave that I had accrued and requested between July 1, 2017 through and including May 31, 2021 while working at one of the following RMC-managed Chicago Restaurants (Store No. 4061, located at 180 W. Adams Street, Chicago, IL 60603; Store No. 5813, located at 4047 E. 106th Street, Chicago, IL 60617; Store No. 13838, located at 225 S. Canal Street, Chicago, IL 60606; or Store No. 31049, located at 23 S Clark Street, Chicago, IL 60603) on the following approximate date(s).

Phone Number: _____ **Email Address:** _____

Address: _____

Approximate Date of Paid Sick Leave Request:

(use reverse side if there are additional dates)

I attest, under penalty of perjury, that the information provided above and on the reverse of this form (if applicable) is true and correct to the best of my knowledge. I understand and agree that the records of Restaurant Management Corp., must show that I had accrued Paid Sick Leave available when I requested the dates I identified above and that I was not paid any Sick Leave for those dates to make a claim. I further understand and agree that the decision on my claim(s) may be appealed to the Chicago Office of Labor Standards which shall be binding and may not be appealed further.

Signature: _____ Date: _____

IMPORTANT DEADLINE
This form must be postmarked and mailed, emailed or delivered to the Claims Administrator by no later than January 26, 2024.