

**YOU ARE ENTITLED TO RECEIVE MONEY UNDER THE PROPOSED SETTLEMENT**

HOSPITAL HOUSEKEEPING SYSTEMS (“HHS”) HAS AGREED TO THIS SETTLEMENT AND WILL NOT RETALIATE AGAINST ANYONE WHO ACCEPTS THESE BENEFITS.

**YOUR RIGHTS MAY BE AFFECTED: PLEASE READ IMMEDIATELY**

*Alma R. Gonzalez v. Hospital Housekeeping Systems*  
Los Angeles County Superior Court Case No. BC377451

TO: ALL PERSONS EMPLOYED BY HHS AS AN HOURLY EMPLOYEE AT ANY TIME BETWEEN SEPTEMBER 12, 2003 AND **SEPTEMBER 11, 2009**.

The Court has granted Preliminary Approval to a proposed Settlement of a class action lawsuit (“Action”) against HHS. It is important that you read this Notice carefully. The Court had previously certified the following groups of employees and now they are part of the Settlement:

- (a) **SUBCLASS 1:**  
All current and former employees of HHS who worked but were not paid overtime compensation.
- (b) **SUBCLASS 2:**  
All current and former employees of HHS who were discharged or quit their employment and did not receive their last paycheck within 72 hours.
- (c) **SUBCLASS 3:**  
All current and former employees of HHS who worked ten hours or more and did not receive a second meal period.

**A. DESCRIPTION OF THE LAWSUIT.**

On September 12, 2007, a former employee filed a Complaint against HHS in the Los Angeles County Superior Court, alleging violations of California law for overtime, meal periods, timely payment of wages upon termination of employment, accurate itemized wage statements; and, that these Labor Code violations constituted unfair business practices. HHS has denied each of the allegations. Class Counsel believe that the Settlement is fair, reasonable, and adequate and is in the best interest of the Class Members. The Court has not ruled on the merits of the claims or HHS’s defenses.

The attorneys for the employees (“Class Counsel”) in this lawsuit are:

Mike Arias  
Mark A. Ozzello  
Arias Ozello & Gignac, LLP  
6701 Center Drive West, Suite 1400  
Los Angeles, California 90045  
Tel: (310) 670-1600  
Fax: (310) 670-1231

The Settlement Administrator is:

HHS Claims Administrator  
c/o Desmond, Marcello & Amster  
P.O. Box 451999  
Los Angeles, California 90045  
Tel: (310) 846-4777

**B. SUMMARY OF PROPOSED SETTLEMENT TERMS.**

Subject to the Court’s Final Approval, the terms of the Settlement are:

1. **Gross Settlement Amount.** HHS will pay a total of \$950,000.00 (Nine Hundred Fifty Thousand Dollars) to pay: the claims of all Class members who do not opt-out of the settlement including any FICA (Federal Insurance Contributions Act) and other payroll taxes generally paid by employees for wage payments; an Enhancement Award to the Class Representative; and Class Counsel attorneys’ fees and expenses.

2. **Settlement Formula and Distribution.**

- (a) **SUBCLASS III: People Who Missed Meal Periods.**

There are groups of employees who worked 10 or more hours in a day and did not receive a second meal period. Each person who is so identified on the “Hours Archive Detail Reports” from HHS as not receiving the second meal period will receive \$10.00 each qualifying shift. If a dollar amount is set forth in the **Approximate Amount To Be Received**, you are a Member of SUBCLASS III and, **without doing anything more, you will receive monies for this claim**. If a \$”0” appears, the records indicate that you ARE NOT a SUBCLASS III Member.

SUBCLASS III – Approximate Amount to be Received \$XXX

(b) SUBCLASS II – People Who Were Not Paid When They Quit or Were Terminated.

If you quit (and informed HHS you were quitting), or were laid-off or terminated, you were to be paid your final paycheck within three (3) days. If you were not paid within three (3) days, you are entitled to make a Claim with the Settlement Administrator. The Claim Form is enclosed. You must submit the Claim Form to the Settlement Administrator NO LATER THAN NOVEMBER 18, 2009. You should also submit any evidence you have that you were not paid within three (3) days.

The Settlement Administrator will then request documents from HHS as to when you quit, were laid off, or terminated and when you were paid. If the Settlement Administrator determines you were not paid within three (3) days, you will receive \$500.00. The decision of the Settlement Administrator is final.

(c) SUBCLASS I – People Who Were Not Paid Wages Or Overtime.

The value of each Member's claim will be determined as follows: (a) \$XXX multiplied by the number of Qualifying Workweeks you were employed by HHS during the Class Period.

**HHS's records indicate that you have XXX of Qualifying Workweeks. As such, the approximate value of your settlement share is \$XXX.**

If you are a Class Member and do not Opt-Out of the settlement, **the Settlement Administrator will mail to you a check in the amount of your claim.**

3. For purposes of tax reporting under the Settlement, the claims will be treated as 30% wages, 50% interest, and 20% penalties. Nothing in this **Notice or the Settlement is intended to be tax advice. You should consult your tax advisor for any tax issues pertaining to this Settlement.**

4. Class Counsel will seek an Enhancement Award of \$7,500.00 to the Class Representative Alma Gonzalez to compensate her for the time and risks she undertook in bringing this Action. Also, subject to the Court's approval, Defendant has agreed to pay Class Counsels' reasonable attorneys' fees in the amount of \$316,000.00 (which is 33½% of the Settlement Amount), and reasonable expenses in the amount of approximately \$15,000.00.

**C. RECEIVING YOUR SHARE OF THE SETTLEMENT.**

By receiving your share under the Settlement, you will be bound by all of the terms of the Settlement, including a Release of claims, that will prevent you from suing HHS, or any affiliates or entities for the matters being settled in this case.

Each Class Member who does not request to be excluded from the Settlement will be deemed to release and discharge HHS, and any individual or entity which could be jointly liable with HHS in this Action, from any and all liabilities, penalties, fees, demands, claims, causes of action, complaints and obligations that are alleged in, or based on, the operative Complaint, including alleged violations for failure to pay wages, including, but not limited to, overtime, failure to provide meal and/or rest periods, failure to pay wages upon termination of employment in a timely manner, failure to provide accurate itemized pay stubs, and alleged violations of Business and Professions Code Section 17200 et seq. predicated on the aforementioned Labor Code violations.

**D. TO REQUEST EXCLUSION FROM THE SETTLEMENT.**

If you want to be excluded ("Opt Out") from the Settlement, you must mail a request to opt-out to the Settlement Administrator. Your request can be as simple as "I do not want to be a part of the settlement." To be considered timely, your Opt-Out Request must be mailed by First-Class U.S. Mail, and postmarked no later than **November 18, 2009**.

If you file a timely and valid Opt-Out Request, you will no longer be a member of the Class, and **you will not** be eligible to receive any of the monies from the Settlement or object to the terms of the Settlement. However, you will not be bound by the terms of the Settlement, and may pursue any claims you may have, at your own expense, against HHS.

**DO NOT SEND AN OPT OUT REQUEST IF YOU WANT TO RECEIVE MONEY UNDER THE SETTLEMENT.**

**E. TO OBJECT TO THE SETTLEMENT.**

If you believe the Settlement is unfair or inadequate in any respect, you may object to the Settlement by filing a written objection with the Los Angeles County Superior Court, Department 322, 600 South Commonwealth Ave., Los Angeles, CA 90005 and mailing a copy of your objection to Class Counsel, and the Settlement Administrator at the above addresses. All objections must be signed and set forth your address, telephone number, and the name of the case (*Alma R. Gonzalez v. Hospital Housekeeping Systems* Case No. BC377451). All objections must be filed and postmarked no later than **November 18, 2009**. Only if you submit an objection, may you appear and speak at the Final Approval Hearing.

**F. FINAL APPROVAL HEARING ON PROPOSED SETTLEMENT.**

The Final Approval Hearing on the fairness and adequacy of the proposed Settlement, will be held on **December 28, 2009** at 9:00 a.m. in Department 322 of the Los Angeles County Superior Court, 600 South Commonwealth Ave., Los Angeles, CA 90005. The Final Approval Hearing may be continued without further notice. It is not necessary for you to appear at this hearing, unless you have timely filed an objection to the Settlement.

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CALL THE SETTLEMENT ADMINISTRATOR AT (310) 846-4777. DO NOT CALL THE COURT.**