Exhibit 3

Dockets.Justia.com

CLAIM FORM

O'SULLIVAN, ET AL. V. AMN SERVICES, LLC, ET AL.
U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA
CASE NO. 12-CV-2125-JCS

YOUR INDIVIDUAL WORKWEEKS: <<individual workweeks>>
YOUR ESTIMATED MINIMUM PRETAX SETTLEMENT PAYMENT: <<estimated award>>

YOU MUST TIMELY COMPLETE, SIGN AND RETURN THIS FORM BY [+45 DAYS FROM MAILING] TO BE ELIGIBLE FOR A MONETARY RECOVERY.

<<Name>> _____
<<Address Line 1>> _____
<<Address Line 2>> _____
<<City, State>> _____
<<Telephone Number>> _____

If your name or address is different from those shown above, print the corrections on the lines to the right. If you move, please send us your new address.

YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE **[+45 DAYS FROM MAILING]** ADDRESSED AS FOLLOWS TO BE ELIGIBLE TO RECEIVE A RECOVERY.

INSERT CLAIMS ADMINISTRATOR INFORMATION

As stated above, you qualify to claim an estimated minimum pretax payment of approximately **$<<estimated award>>**

This amount is based on your employment with AMN Services, LLC ("AMN") as a non-exempt healthcare professional in the State of California during the period from January 30, 2008 through **[insert date of preliminary approval]** (the "Class Period").

.

This estimated amount is based on AMN's records, which indicate that you worked <<individual workweeks>> workweeks while employed by AMN as a non-exempt healthcare professional during the Class Period. If you disagree with the number of workweeks listed, you may dispute the number of workweeks by submitting satisfactory documentation to the Claims Administrator with this Claim Form showing that you worked a different number of workweeks during the Class Period. The Claims Administrator will then make a determination on your dispute based on your employment records and any other documents you submit. In resolving a dispute, AMN's records shall be presumed to be accurate and correct unless the information you submit proves otherwise.

CERTIFICATION AND RELEASE OF CLAIMS

By signing this Claim Form and in exchange for the payment described above, I agree to release AMN and any parent, subsidiary, affiliate, predecessor or successor, and all agents, employees, officers, directors, attorneys, and healthcare facility clients, including but not limited to Kaiser Permanente, Inc.,

thereof for all "Class Released Claims," defined as: any and all claims, debts, liabilities, demands, obligations, guarantees, costs, expenses, attorney's fees, damages, or causes of action, contingent or accrued, which relate to wage and hour and California Labor Code or Federal Wage and Hour claims arising from the factual allegations specified in the October 5, 2012, Amended Consolidated Class Action Complaint for the O'Sullivan/Ogues Action and in the May 1, 2013 Complaint for the Bell Action, including but not limited to waiting time penalties, meal periods, rest breaks, timely payment of wages, minimum and overtime wages or rates, wage statements, reimbursements, unlawful deductions from wages, and derivative or related claims, including but not limited to Private Attorney General Act claims, claims for restitution and other equitable relief, liquidated damages, punitive damages, or penalties of any nature whatsoever, and any other claims or legal theories asserted, or which could have been asserted under the California Labor Code § 2699 or Business & Professions Code (including Section 17200), the California Wage Orders or California Labor Code or Fair Labor Standards Act.

Date:_____ Signature:_____