

Summer Waiver

Brainerd Food Retailers Contract

April 1st through October 31st

I, the undersigned, am a part-time employee and desire more hours of work during the period of April 1 through the October 31. I understand this waiver is for the period of time specified below and during this time I will receive a minimum of (40) hours per week when scheduled by the employer. I understand that I do not earn any full-time benefits except the beginning full-time rate of pay or \$.25 per hour over the employee's regular rate, whichever is higher, during the waiver period.

I also understand and agree that my hours are reduced after the waiver period, where I will then be placed back on as a part-time employee and be paid in accordance with the part-time rate as set forth in the contract.

Waiver Starts: _____ **Waiver Ends:** _____

Employee Information:

Employee Name: _____ SSN _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date _____

Company Information:

Store Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Important: Send one copy to each of the following:

UFCW Local 653
6160 Summit Dr N, Ste 600
Brooklyn Center, MN 55430

Wilson-McShane Corporation
3001 Metro Drive, Suite 500
Bloomington, MN 55425

Retain one copy for your records