

**Summer Waiver**

**Brainerd Food Retailers Contract**

*April 1<sup>st</sup> through October 31<sup>st</sup>*

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 663  
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**