

Effective March 1, 2020– March 7, 2021

## Replacement Waiver

I understand and accept employment under the terms and conditions of this waiver. In the event that a full-time employee is absent or unavailable to work on an unplanned basis (e.g., as a result of injury, illness, surgery, FMLA leave, etc.) for a period of longer than one week, a replacement employee may be assigned for a period not to exceed twelve (12) weeks per occurrence. The replacement employee will sign a waiver guaranteeing him/her the beginning full-time rate applicable to the classification utilized and a minimum of forty (40) hours per week for the duration of the replacement period. A copy of this waiver shall be forwarded to the Union at the time it is signed. During the replacement period, the employee will not accrue any benefits other than rate.

**Waiver Starts:** \_\_\_\_\_

Employee Information:

Employee Name: \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Company Information:

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Important: Send one copy each to the following:**

**UFCW Local 653  
6160 Summit Dr N, Ste 600  
Brooklyn Center, MN 55430  
763-525-0680 (fax)**

**Wilson-McShane Corporation  
3001 Metro Drive, Suite 500  
Bloomington, MN 55425  
952-851-3521 (fax)**

**Retain one copy for your records**