

**Part-Time Holiday Waiver**

**Brainerd Food Retailers Contract**  
**(Part-Time Grocery, Delicatessen, Bakery)**  
*(Week of and/or prior to six (6) major holidays as listed in 7.1)*

I, the undersigned, understand this waiver is for the period of time specified below. I understand I do not earn any full-time benefits or seniority rights, except the beginning full-time rate during the waiver period.

**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**