

Extra Employee Waiver

**Brainerd Food Retailers Contract
(Part-Time Grocery, Delicatessen, Bakery, Pharmacy)
(Any amount of time from January 1st to December 31st.)**

I, the undersigned, understand this waiver is for the period of time specified below. I understand that I do not earn any seniority rights during the waiver period, and that employment may terminate December 31st.

As an Extra Help Waiver, you may qualify for the following contract benefits:

- 1. Vacation
- 2. Holiday pay
- 3. Jury duty pay
- 4. Bereavement pay

Note to Employer: You shall check with the extra employees during the first two weeks of each year to ask whether they wish to continue in the extra employee classification. If not, they will either be added to the regular seniority list in a classification selected by the employer or dismissed. This needs to be completed by or before January 31st of each year.

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