

Full-Time Waiver
January 1 through December 31

The Employer will be allowed to use up to three (3) full-time waivers per store per two-week schedule.

I, the undersigned, am willing to work on a waiver. I understand this waiver is for the period of time covering **January 1 through December 31**, and during this time I will receive a minimum of four (4) hours per week, if scheduled, up to a maximum of one thousand two hundred (1,200) hours. I will be paid the minimum full-time rate of \$15.98 for time spent on the waiver. I understand I do not earn any full-time benefits except the pay 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 each to the following:

UFCW Local 653
6160 Summit Dr N, Ste 600
Brooklyn Center, MN 55430
Fax: 763-525-0680

Wilson-McShane Corporation
3001 Metro Drive, Suite 500
Bloomington, MN 55425
Fax: 952-851-3521

Retain one copy for your records