## **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: 7in:	

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

UFCW Local 663 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