

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