

Full-Time Waiver

January 1st through December 31st

I, the undersigned, am willing to work on a waiver. I understand this waiver is for the period of time covering **January 1st through December 31st**, 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 appropriate full-time rate 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: _____

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
13000 63rd Avenue N
Maple Grove, MN 55369**

**Wilson-McShane Corporation
3001 Metro Drive, Suite 500
Bloomington, MN 55425**

Retain one copy for your records