

Replacement Waiver

I understand and accept employment under the terms and conditions of this waiver. In the event that a full-time employee is absent or unavailable to work on an unplanned basis (e.g., as a result of injury, illness, surgery, FMLA leave, etc.) for a period of longer than one week, a replacement employee may be assigned for a period not to exceed twelve (12) weeks per occurrence. The replacement employee will sign a waiver guaranteeing him/her the beginning full-time rate applicable to the classification utilized and a minimum of forty (40) hours per week for the duration of the replacement period. A copy of this waiver shall be forwarded to the Union at the time it is signed. During the replacement period, the employee will not accrue any benefits other than rate.

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
6160 Summit Dr N, Ste 600
Brooklyn Center, MN 55430
763-525-0680 (fax)**

**Wilson-McShane Corporation
3001 Metro Drive, Suite 500
Bloomington, MN 55425
952-851-3521 (fax)**

Retain one copy for your records