



Chartered by United Food & Commercial Workers International Union  
**UFCW Building, 7760 West 38<sup>th</sup> Avenue, Suite 400**  
**Wheat Ridge, Colorado 80033-9982**  
Phone 303-425-0897 • Toll Free CO & WY 800-854-7054  
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KIM C. CORDOVA  
President

**Sent By Email And Certified Mail No. 7017 0530 0000 7671 1270**

KEVIN R. SCHNEIDER  
Secretary-Treasurer

October 24, 2018

Mr. Leroy Westmoreland  
Senior Director Labor Relations  
Kroger Inc.  
PO Box 54143  
Los Angeles, CA 90054

Re: Request for Information  
King Soopers & City Market – Retail and Meat

Dear Mr. Westmoreland:

In order to adequately represent the interest of the bargaining unit employees of King Soopers and City Market represented by UFCW Local 7, I am requesting the following information for each bargaining unit employee employed by King Soopers and City Market at some point over the most recent twelve months. Please provide the start date and end date of the period when these hours were counted. Organize the information into a single table with each bargaining unit employee being a row and the following categories being unique columns:

1. A unique employee identifier.
2. Department where employee works.
3. Job Classification.
4. Job Group/Bracket.
5. Hourly Rate.
6. Full-Time or Part-Time Status if applicable.
7. Hiring/Seniority Date.
8. Termination Date, if applicable.
9. The total number of hours worked over the last twelve months. This figure should include all hours worked such as regular, overtime, and premium hours. This number should not include any hours paid but not worked such as vacation and sick leave.

10. The number of overtime premium hours worked and paid over the last twelve months. Breakout the overtime premium hours if they are compensated at more than one rate. For example, place overtime hours compensated at time and a half in one column, and overtime hours compensated at double time in another column.
11. The number of Sunday premium hours worked and paid over the last twelve months. Breakout the Sunday premium hours if they are compensated at more than one rate.
12. The number of holiday premium hours worked and paid over the last twelve months.
13. The number of night shift premium hours worked and paid over the last twelve months. Breakout the night shift premium hours if they are compensated at more than one rate.
14. The number of vacation hours paid but not worked over the last twelve months.
15. The number of holiday hours paid but not worked over the last twelve months.
16. The number of personal day hours paid but not worked over the last twelve months.
17. The amount of health and welfare contributions made over the last twelve months.
18. The amount of pension contributions made over the last twelve months.

I request that the data be supplied in an electronic format, preferably in Microsoft Excel. Attached is a sample costing spreadsheet that demonstrates how the requested information can be organized. Please include, as additional columns, any other premium hours worked or hours paid but not worked that are not already listed in this request. If additional columns are added, please explain how these hours are accrued and paid.

Please send the data to my secretary, Monique Palacios, at [mpalacios@ufcw7.com](mailto:mpalacios@ufcw7.com). If you have any questions regarding the information request or the format of your response, please feel free to contact me at 303-425-0897.

Sincerely,



UFCW Local 7 President  
UFCW International Vice President

Attachment

cc: Kate Meckler  
Executive Staff

