



# 2024 - 2025 Faculty/Staff Meal Plan Payroll Deduction Request Form

**PAYROLL USE ONLY:**

Date Rcvd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered By: \_\_\_\_\_

## Employee Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
Employee UIN

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Department

## Meal Plan Option (Select from the options below)

**Block 30 - Faculty & Staff**

*Meal Plan valid for one year from date of purchase.*

**\$ 227.33**

**30 Meal swipes at the Dining Hall**



Available ONLY for Faculty and Staff.

*\*Plan not available for GA's & TA's*

**Select Semester:**  Fall  Spring

**Payment Method:**

Pay In Full: \$ 227.33 -1 payment of \$227.33

Monthly Deductions - 4 payments of \$56.84 each

Biweekly Deductions - 8 payments of \$28.42 each



**Fall 2024:** Deductions will be processed Sept - Dec Last day to enroll is: **Nonexempt Employees 09/03/2024**

**Exempt Employees 09/13/2024**

**Spring 2025:** Deductions will be processed Jan - Apr Last day to enroll is: **Nonexempt Employees TBD**

**Exempt Employees TBD**

## Employee Authorization (please read & sign)

*The undersigned authorizes the deductions marked above from after-tax wages for the purchase of a Faculty/Staff Meal Plan. I understand that the meal plan is non-refundable and meals will expire one year after date of purchase. I have read and agree to the Faculty/Staff meal plan terms and conditions [Faculty/Staff Meal Plan Terms and Conditions](#).*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SANDDOLLARS SERVICES OFFICE USE ONLY:

Date Rcvd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by: \_\_\_\_\_

**FOR PROCESSING: Send original form to the Sanddollar Services Office immediately upon processing request so that the meal plan can be activated. Call ext. 5978 for assistance.**

**If you have any questions, please contact Sanddollars Office: (361) 825- 5978**