TEXAS A&M UNIVERSITY CORPUS CHRISTI

PAYROLL USE ONLY:

Date Rcvd: _____/_____/_____

Entered By: _____

2017 - 2018 Faculty/Staff Meal Plan Payroll Deduction Request Form

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 F/S Plan**

$ 216.28

(30 meals – all you care to eat at the Islander Dining Hall)

- The following meal plan block is available for faculty and staff.

Select Semester: ☐ **Fall** ☐ **Spring**

*****Block plan not available for GA's & TA's*****

☐ **Payment Method:**

- ☐ Pay Full Amount _216.28
  (Request payroll deduction for full amount)
- ☐ Request for payroll deduction
  (Split into 4 equal payments).

Amount _216.28_ / 4 = per month _54.07

- **Fall:** Payroll deduction will be processed (Sept. 1, Oct.1, Nov. 2, & Dec.1 pay dates). Last date for enrollment is 8/15/17.
  Spring: Payroll deduction will be processed (Jan.1, Feb.1, Mar.1, & Apr.1 pay dates. Last date for enrollment is 12/15/17.

Employee Authorization (please read & sign)

I voluntarily authorize the monthly deduction from my after-tax wages for Food Services Meal Plan as indicated above. I understand that once purchased, the meal plan cannot be canceled and that all meals will only expire if there is one year of inactivity. I have read and agree to the Faculty/Staff meal plan terms and conditions Faculty/Staff Meal Plans Terms and Conditions .

_____ _____

Employee Signature **Date**

SANDDOLLARS OFFICE USE ONLY:

Date Rcvd: _____/_____/_____

Entered by: _____

****Note:** Send all original forms to the Sanddollars Office immediately upon processing request/payment 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