



2018 - 2019 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 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 8/15/18.

Spring: Payroll deduction will be processed (Jan. 1, Feb. 1, Mar. 1, & Apr. 1 pay dates). Last date for enrollment is 12/15/18.

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**