



Payroll Deduction Authorization

Employee Information

Employee Name (First, Middle, and Last): _____
 KSU ID Number (printed on your KSU ID card): _____
 Employee Type: Biweekly Staff Monthly Staff Full-Time Faculty Part-Time Faculty
 Employee Status: 10-month 12-month

43MEAL – Meal Plan Deduction

Begin Date: _____ Total Meal Plan Fee: _____
 *The Total Fee for each new meal plan is added to a goal amount for the current semester. The deduction amount is determined by equally dividing the remaining balance of the goal over the number of paychecks remaining in the current semester. Spring semester meal plans are completed by May 31. Summer semester meal plans are completed by July 31. Fall semester meal plans are completed by December 31.

43XXXX – Community Supported Agriculture (CSA)

Semester: Fall Spring Year: _____ Total CSA Fee: _____
 *Spring semester CSAs are deducted in April and May. Fall semester CSAs are deducted in September and October. The deduction amount is one-fourth of the Total CSA fee for biweekly-paid employees or one-half of the Total CSA fee for monthly-paid employees.

43REC – Marietta Recreation Center

One-Time Deduction Amount: _____
 *Marietta Recreation Center memberships are paid by semester. The fee can be paid for one semester or for one year at a time. The deduction amount is the total amount and is deducted on the employee’s next paycheck.

43REC – Kennesaw Recreation Center

43FIT – Employee Fitness Center

Begin Date: _____ Monthly Fee (for employee + any covered family members): _____
 *Both Kennesaw Recreation Center memberships and Employee Fitness Center memberships are recurring monthly deductions. The deduction amount is the entire monthly fee for monthly-paid employees or one-half the monthly fee for biweekly-paid employees. NOTE: the monthly fee varies based on employee status, as 12-month employees pay the deduction Jan-Dec where 10-month employees only pay Jan-May and Aug-Dec.

Authorization/Acknowledgement

I authorize KSU Payroll to deduct from my paycheck according to the deduction I have selected above. I acknowledge that any new balance will be added on top of any current balance in the event that I authorize more than one of a specific type of deduction. If I separate from employment for any reason prior to fulfillment of a Total Fee, I am responsible for contacting the appropriate department to arrange direct payment of any remaining balance.

 (Employee Signature) (Employee Print Name) (Date)

Department Level Approval

 (Department Approver Signature) (Department Approver Print Name) (Date)