



Payroll Deduction Authorization

University Dining - Meal Plan – FALL 2017

(Full-time employees only)

Section 1: Employee Information

Employee Name (First, Middle, and Last): _____

KSU ID Number (from your ID badge): _____

Employee Type: Biweekly Staff Monthly Staff
 Instructional Faculty Administrative Faculty

Section 2: Deduction Information

	MEAL PLAN	TOTAL FEE	PRICE PER MEAL	DEDUCTION
<input type="radio"/>	Block 10	\$96	\$9.60	MONTHLY STAFF/FACULTY: \$48 (2 deductions) BIWEEKLY STAFF: \$24 (4 deductions)
<input type="radio"/>	Block 20	\$186	\$9.30	MONTHLY STAFF/FACULTY: \$62 (3 deductions) BIWEEKLY STAFF: \$31 (6 deductions)
<input type="radio"/>	Block 30	\$273	\$9.10	MONTHLY STAFF/FACULTY: \$91 (3 deductions) BIWEEKLY STAFF: \$45.50 (6 deductions)
<input type="radio"/>	Block 50	\$432	\$8.64	MONTHLY STAFF/FACULTY: \$144 (3 deductions) BIWEEKLY STAFF: \$72 (6 deductions)

Section 3: Authorization/Acknowledgements

I authorize KSU Payroll to deduct the amount indicated [DEDUCTION AMOUNT] from each paycheck I receive until such time as the [TOTAL FEE] has been deducted. In the event of my separation from employment prior to the completion of this total fee, I acknowledge responsibility for payment of any remaining balance directly to the department of University Dining within ten business days. I acknowledge understanding of the following: The meals can only be used in The Commons (Kennesaw) or Stingers (Marietta). Fall 2017 meal plans expire December 11, 2017 at 9 PM.

 (Employee Signature)

 (Date)

Section 4: FOR UNIVERSITY DINING USE ONLY

 (Signature)

 (Date)

Section 5: FOR EDS/PAYROLL USE ONLY

Comments: _____

EMPLID: _____ Paygroup: _____ Initial: _____ Date: _____