



Payroll Deduction Authorization

Summer 2018 Meal Plan

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 AMOUNT
<input type="radio"/> Block 10	\$92	\$9.20	MONTHLY STAFF/FACULTY: \$46 (2deductions) BIWEEKLY STAFF: \$23 (4 deductions)
<input type="radio"/> Block 20	\$178	\$8.90	MONTHLY STAFF/FACULTY: \$89 (2deductions) BIWEEKLY STAFF: \$44.50 (4 deductions)
<input type="radio"/> Block 30	\$245	\$8.17	MONTHLY STAFF/FACULTY: \$122.50 (2 deductions) BIWEEKLY STAFF: \$61.25 (4 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:

1. Meals can only be used in The Commons (Kennesaw) or Stingers (Marietta).
2. Meal plan deductions will not roll over to future semesters, as such all payments must be received within the current semester.
3. Additional purchases will result in higher deductions until all payments have been received.
4. Summer 2018 meal plans will expire on July 25th, 2018.

Employee Signature _____
Date

Section 4: FOR UNIVERSITY DINING USE ONLY

Signature _____
Date

Section 5: FOR EDS/PAYROLL USE ONLY

Comments: _____

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