



KENNESAW STATE
UNIVERSITY

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 (all instructional faculty OR 10-month staff employees)			
	12-month (all administrative faculty OR 12-month staff employees)			

Please Note: Recurring deductions will NOT be taken in June and July for instructional faculty, even if working. Therefore, instructional faculty should indicate a 10-month status. Semester-based deductions for the summer may be submitted for these employees for June/July if they plan to work during the summer.

Type of Deduction

43REC – Student/Marietta Recreation Center	43MEAL – Meal Plan
43RAC – Marietta Employee Recreation Center	43CAS – Community Supported Agriculture (CSA)
43FIT – Employee Fitness Center	

Please Note: Only one deduction for each type can be active at a time. Each new authorization for a specific type replaces any authorization previously submitted. If there is a remaining balance on a previously submitted deduction of the same type (or if the new recurring amount should be added to an existing recurring amount), please keep this in mind when completing Deduction Information below to ensure the full amount is received as appropriate.

Deduction Information

Recurring (amount to be taken until cancelled)	Fee/Pledge (amount to be taken until goal fulfilled)
Effective Date: _____	Effective Date: _____
Flat Amount (per check): _____	Flat Amount (per check): _____
End Date (if applicable): _____	Goal Amount: _____

Authorization/Acknowledgement

I authorize KSU Payroll to deduct the amount indicated [FLAT AMOUNT] from each paycheck I receive until such time as the [GOAL AMOUNT] has been deducted for a fee/pledge type deduction or until such time as an end date is provided for a recurring type deduction. If I separate from employment for any reason prior to fulfillment of a fee/pledge type deduction, I acknowledge that I am responsible for contacting the appropriate department to arrange direct payment of any remaining balance that is owed.

(Employee Signature)

(Employee Print Name)

(Date)

University Dining Approval

(Department Approver Signature)

(Department Approver Print Name)

(Date)



This is a contract providing dining accommodations to a faculty/staff for the Contract Period identified in the terms and conditions stated herein, entitled "Faculty Staff Terms and Conditions", which is attached hereto and incorporated herein for all purposes.

Desired Plan:

- Access 10 - \$98.00
- Access 20 - \$190.00
- Access 30 - \$280.00
- Access 50 - \$440.00

6% sales tax has been included as part of the total cost per plan

I. Eligibility and General Overview

- A. This contract is conditional upon employment as a faculty or staff member at Kennesaw State University ("University") during the Fall 2021 and Spring 2022 semester.
- B. The University reserves the right not to contract with persons who are currently violating the terms and conditions of a housing and/or meal plan contract, or who have violated University and/or University Dining rules or regulations, or who have a past due balance with the University.
- C. Meal plans include meals that are personal, nontransferable and non-assignable. To access meal plans, meal plan participants must present their own KSU ID card.

II. Contract Period

- A. This contract is effective only for the Fall 2021 and Spring 2022 semester, from August 12th, 2021 - May 10th, 2022. Meal plans purchased within this period will not be prorated or refunded.
- B. The University shall not be responsible for any failure to provide meals in the event conditions exist not wholly within its control (e.g. Acts of God, fire, strikes, public disturbances, natural disasters, etc.).

III. Dining Locations

- A. The University shall provide a variety of dining locations on both the Kennesaw and Marietta campuses during the contract period in §II-A. Hours of operation for each of these locations are at the discretion of the University and may be changed at any time. No specific hours or dining location availability is guaranteed.
- B. Meal Plans can be utilized only in The Commons - (Kennesaw) or Stingers (Marietta) and only during the Contract Period in §II-A.

IV. Charges & Payments

- A. Meal plan rates can be found online at dining.kennesaw.edu. Rates are up to the discretion of the University and may change annually.
- B. Meal Plan holders are responsible for all meal plan charges, whether or not the plan is utilized within the specific contract period. There is no refund for unused meals.
- C. University Dining may withdraw meal privileges for failure to pay charges by the required date. If meal privileges are withdrawn, the meal plan charge will not be refunded.

V. Termination of Contract

- A. Meal plans for non-students may be purchased in-person with a credit or debit card or through a Payroll Deduction Authorization. All purchases/deposits are final and nonrefundable outside the provisions of this contract.
- B. University Dining may terminate this contract and immediately cancel a meal plan for any of the following reasons:
 - a. Meal Plan holder failure to pay any charges or payments by the due date;
 - b. Violation of University Dining rules or regulations;

VI. Governing Law

- A. This agreement shall be governed pursuant to the laws of the State of Georgia, without regard to its choice of law principals.

Acknowledgement of Terms & Conditions

Employee Signature: _____ Date: _____

FOR UNIVERSITY DINING USE ONLY

(Signature)

(Date)