

EMPLOYEE MEAL PLANS

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name: _____

G#: _____

REQUIRED: I authorize the Missouri Western State University Payroll Department to deduct payment from my payroll check for the following faculty/staff meal plan:

- 10 Meals in the Dining Hall - \$45.00**
(bi-weekly employees - 2 payments of \$22.50, monthly employees - 1 payment of \$45.00)
- 20 Meals in the Dining Hall - \$90.00**
(bi-weekly employees - 2 payments of \$45.00, monthly employees - 1 payment of \$90.00)
- 40 Meals in the Dining Hall - \$175.00**
(bi-weekly employees - 4 payments of \$43.75, monthly employees - 2 payments of \$87.50)

Note: Meals will expire at the end of the academic year (the last day of finals in the Spring Semester)

By signing this agreement, I agree that if my employment is terminated before the full amount of the meal plan is paid; the remaining balance will be withheld from my last paycheck.

Signature: _____

Date: _____

Please return completed forms to the Business Office.