



ISLANDER
DINING

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FUEL YOUR MOMENTUM

WITH A FACULTY/STAFF MEAL PLAN



[DINEONCAMPUS.COM/ISLANDERDINING](https://dineoncampus.com/islanderdining)

FACULTY & STAFF MEAL PLANS

FALL 2023 - SPRING 2024

BLOCK 30

30 Meal Swipes *\$7/swipe*

\$210 + Tax

- Enjoy breakfast, lunch or dinner at Islander Dining Hall, our all-you-care-to-eat dining facility
- Save up to 40% by using a meal swipe compared to paying the typical door rate of each meal period
- Can be paid in full or through 4 payments with payroll deduction

Meal plans are valid from Fall to Spring semester if the current academic year. Meal swipes expire on the last official class day of the spring semester.

Payroll Deduction Form Due:

Fall 2023: Monthly, 8/22 | Bi-Weekly, 8/31

Spring 2024: Monthly, TBD | Bi-Weekly, TBD

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2023 - 2024 Faculty/Staff Meal Plan Payroll Deduction Request Form

PAYROLL USE ONLY:

Date Rcvd: ____/____/____

Entered By: _____

Employee Information

Last Name

First Name

Middle Name

Current Mailing Address

Employee UIN

Office Telephone

Department

Meal Plan Option (Select from the options below)

Block 30 - Faculty & Staff

Meal Plan valid for one year from date of purchase.

\$ 227.10

30 Meal swipes at the Dining Hall



Available ONLY for Faculty and Staff.

**Plan not available for GA's & TA's*

Select Semester: Fall Spring

Payment Method:

Pay In Full: \$ 227.10 -1 payment of \$227.10

Monthly Deductions - 4 payments of \$56.78 each

Biweekly Deductions - 8 payments of \$28.39 each



Fall 2023: Deductions will be processed Sept - Dec Last day to enroll is: **Nonexempt Employees 08/22/2023**

Exempt Employees 08/31/2023

Spring 2024: Deductions will be processed Jan - Apr Last day to enroll is: **Nonexempt Employees TBD**

Exempt Employees TBD

Employee Authorization (please read & sign)

The undersigned authorizes the deductions marked above from after-tax wages for the purchase of a Faculty/Staff Meal Plan. I understand that the meal plan is non-refundable and meals will expire one year after date of purchase. I have read and agree to the Faculty/Staff meal plan terms and conditions [Faculty/Staff Meal Plan Terms and Conditions](#).

Employee Signature

Date

SANDDOLLARS SERVICES OFFICE USE ONLY:

Date Rcvd: ____/____/____

Entered by: _____

FOR PROCESSING: Send original form to the Sanddollar Services Office immediately upon processing request so that the meal plan can be activated. Call ext. 5978 for assistance.

If you have any questions, please contact Sanddollars Office: (361) 825- 5978