



# 2025 - 2026 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.*

**\$ 247.05**

**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: \$ 247.05-1 payment of \$247.05

☐ Monthly Deductions - 4 payments of \$61.77 each

☐ Biweekly Deductions - 8 payments of \$30.89 each



**Fall 2025:** Deductions will be processed Sept - Dec Last day to enroll is: **Nonexempt Employees 08/29/25**

**Exempt Employees 09/22/25**

**Spring 2026:** 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**