



2026 - 2027 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.

\$ 255.70

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: \$ 255.70-1 payment of \$255.70

☐ Monthly Deductions - 4 payments of \$63.92 each

☐ Biweekly Deductions - 8 payments of \$31.97 each



Fall 2026: Deductions will be processed Sept - Dec Last day to enroll is: **Nonexempt Employees 09/14/2026**

Exempt Employees 09/22/2026

Spring 2027: Deductions will be processed Jan - Apr Last day to enroll is: **Nonexempt Employees 01/15/2027**

Exempt Employees 01/21/2027

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