



**SAVANNAH STATE UNIVERSITY  
PAYROLL DEDUCTION FORM  
FOR CAMPUS PARKING & COMMUTER MEALS**

**For Full-time Faculty & Staff Only: SPRING SEMESTER 2012**

Name (Last, First, Middle): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Mail Box #: \_\_\_\_\_ Dept: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Campus Parking Decal</b> <small>(Deducted September thru May in even distributions based on when form received in payroll)</small>	<b>Item/Qty</b>	<b>Total Cost</b>
<input type="checkbox"/> Decal ~ \$37.50		
<input type="checkbox"/> Reserved Parking Space ~ \$67.50		
<input type="checkbox"/> Additional Decals ~ \$5.00 (1 <sup>st</sup> Decal = \$37.50 or \$67.50; All others \$5)		
<b>Commuter Meal Plan</b> <small>(Deducted Sept thru Nov for Fall &amp; Feb thru Apr for Spring in even distributions based on when form received in payroll)</small>		
<input type="checkbox"/> 10-Meals A Semester Plan ~ \$66.00		
<input type="checkbox"/> 25-Meals A Semester Plan ~ \$162.00		
<input type="checkbox"/> 50-Meal A Semester Plan ~ \$335.00		
<input type="checkbox"/> 100-Meal A Semester Plan ~ \$523.00		
<b>GRAND TOTAL</b>		

I authorize a monthly payroll deduction for the above selection(s) effective \_\_\_\_ day of \_\_\_\_\_ year 20\_\_\_\_\_. Further, I understand that decal cost will be deducted each month from my payroll through May in even distributions based on when form received, and/or the meal plan costs will be deducted over the course of each semester in equal monthly deductions. In the event that my employment with the University ends, I authorize any outstanding/remaining balance to be deducted from my last payroll check. Due to the Administrative burden this convenience creates, I understand that I can not opt to cancel this agreement once entered into.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: UPON COMPLETION OF THIS FORM FOR DECALS, THE DECAL WILL BE DISTRIBUTED, AND THE ORIGINAL OF THIS FORM FORWARDED TO PAYROLL FOR PROCESSING AND FOR MEALS A COPY OF THIS FORM WILL BE FORWARDED TO AUXILIARY SERVICES AS CONFIRMATION IT HAS BEEN RECEIVED BY PAYROLL FOR PROCESSING.

**For Bursar Use Only: Processing Information:** Authorization to Proceed - (Bursar) Received By/Date: \_\_\_\_\_

**For Payroll Use Only: Processing Information:**  
Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ By: \_\_\_\_\_ Total Mo. \$ \_\_\_\_\_