



SAVANNAH STATE UNIVERSITY  
**PAYROLL DEDUCTION FORM**  
**FOR Meal Plans**

**For Faculty & Staff Only: Academic Year 2014-2015**

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

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

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

*Note: Monthly deductions will take place from the month in which this form is received by Human Resources through the month of May. All meal plans can be used throughout the 2014-15 academic year (fall, spring, and summer semesters.).*

<b>Meal Plan</b>	
<input type="checkbox"/> 25-Meals Plus \$100 dining dollars \$290.00	\$
<input type="checkbox"/> 50-Meal A Semester Plan \$340.00	\$
<input type="checkbox"/> 100-Meal A Semester Plan \$665.00	\$
<b>GRAND TOTAL</b>	

I authorize a monthly payroll deduction for the above selection(s) effective \_\_\_\_ day of \_\_\_\_\_ year 20\_\_\_\_\_. Further, I understand that the meal plan costs will be deducted in equal monthly installments through the month of May, based on the month in which the form is received in Human Resources. I authorize any remaining balance for meals plan to be deducted from the last payroll check in the event my employment ends. 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: \_\_\_\_\_

**For ID Card Office Only: Processing Information:** - Date sent to Human Resources: \_\_\_\_\_

For Human Resources Use Only: Processing Information:

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ By: \_\_\_\_\_ Total Mo. \$ \_\_\_\_\_