



Employee Information

Name: _____ Phone: _____
FSU Card #: 5894- 3710 - _____ - _____ EMPLID : _____
FSU ID: _____

Meal Plan Selection


- Faculty & Staff 20 for \$130.00 (eligible for deduction over 1 or 2 pay periods)
- Faculty & Staff 50 for \$325.00 (eligible for deduction over 1, 2, or 4 pay periods)
- Faculty & Staff 100 for \$650.00 (eligible for deduction over 1, 2, or 4 pay periods)
- Add Cash Equivalency for \$20, \$40, or \$70 based upon meal plan selection.

Payment Selection

Payroll Deduction*

***OPS Staff Members are not eligible for payroll deduction**

	Total	<u>1 Pay Period</u>	<u>2 Pay Periods</u>	<u>4 Pay Periods</u>
<input type="checkbox"/> Faculty & Staff 20	\$130	\$130	\$65	-
<input type="checkbox"/> Add Cash Equivalency	\$20	\$20	\$10	-
<input type="checkbox"/> Faculty & Staff 50	\$325	\$325	\$162.50	\$81.25
<input type="checkbox"/> Add Cash Equivalency	\$40	\$40	\$20	\$10
<input type="checkbox"/> Faculty & Staff 100	\$650	\$650	\$325	\$162.50
<input type="checkbox"/> Add Cash Equivalency	\$70	\$70	\$35	\$17.50
Total		\$ _____	\$ _____	\$ _____

 I agree to have the total above paid through Payroll Deduction over ____ payments

Signature

Signature: _____ Date: _____

Please email the completed form to seminoledining@fsu.edu, or turn it in at the Dining Office located by the FSUCard Center at 104 N. Woodward Ave., or fax the form to (850) 644-7547