



Date Issued:	_____
Sent to HR:	_____
Meal Plan:	50-block
Expiration:	_____

FACULTY/STAFF MEAL PLAN PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Florida Polytechnic University, to deduct from my wages, the cost of my meal plan. Charges for the meal plan will be deducted from 16 consecutive pay periods. This authorization is subject to the following conditions:

- I. The cost of my 50-block meal plan will be deducted on an after-tax basis.
- II. I understand that, federal tax law prohibits refunds for any unused portion of the meal plan cost.
- III. There will be 16 consecutive payroll deductions to cover the Fall and Spring semesters; covering the months September to April. I understand that my payroll deductions will remain in effect automatically until I file a Cancellation Election to cancel my payroll deduction election. Such Cancellation Election must be received at least ten business days prior to the beginning of a payroll period in order for the cancellation of my payroll deduction authorization to be effective for that payroll period. Any remaining balance owed on the meal plan will be due at the time of cancellation.
- IV. **I understand that if I leave the University, the remaining balance owed will be deducted from my final paycheck.**

By signing below, the named employee agrees:

For the Payroll Office to begin deductions over specified number of payroll periods below:

TOTAL DEDUCTION AMOUNT \$25.50 to be deducted out of 16 consecutive pay periods, as applicable. First deduction begins the first pay period after this completed form is received.

Print Name _____ FPUID# _____

Employee Signature _____ Date _____