



Office of Human Resources  
 MUW-1609  
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## Employee Payroll Deduction Authorization For MUW Faculty-Staff Meal Plan

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Option 1:** 20 meals + \$25 flex dollars for **\$162.75**
  - Monthly paid employees: **\$54.25** per month for the next three (3) months
  - Biweekly paid employees: **\$27.13** for next six (6) biweekly payroll periods\*
  
- Option 2:** 20 meals, NO flex dollars for **\$137.75**
  - Monthly paid employees: **\$45.92** per month for the next three (3) months
  - Biweekly paid employees: **\$22.96** for next six (6) biweekly payroll periods\*

\*Biweekly payroll: Meal Plan is not deducted if there is a 3<sup>rd</sup> payroll in one month.

*I hereby authorize Mississippi University for Women to deduct for elected Meal Plan option and agree to the payroll deductions following receipt of this Authorization. Payroll deductions must be complete before purchasing additional meals via payroll deductions.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return completed form to HR via campus mail, fax or email or hand-deliver to Shattuck Hall.  
 HR will email approved form to dining services and copy employee.  
 Please allow at least 2 business days for HR approval.

<b>FOR HR OFFICE USE ONLY:</b>	<b>FOR MUW DINING USE ONLY:</b>
Approved By (Please Print)	Meals Added to ID Card By (Please Print)
Date	Date

<b>FOR HR PAYROLL USE ONLY:</b> List all pay periods to deduct for elected Meal Plan.
MONTHLY _____
BIWEEKLY _____