

Food Service Employee Block Plan - Authorization for Payroll Deduction

Name:	E#:		
Department:	Campus Box:	Phone:	_
I hereby authorize the ETSU Payroll Office The plan includes 60 meals for \$415.00 plu		cks for the Food Service Employee Block	Plan.
I understand that if I am no longer employ termination shall be forfeited and will not		al plans that remain effective on the date	of the
Select your payroll cycle:			
Semi-Monthly Payroll			
Monthly Payroll			
Select a meal plan:			
\$113.61 per month/15 meals paid in	4 monthly payments		
\$227.22 per month/30 meals paid in	2 monthly payments		
Employee's signature:		Date:	

This form must be completed, signed, and returned to the Payroll Office by the 5th of the month for the semi-monthly payroll and the 20th of the month (by the 5th in December) for the monthly payroll to become effective. The meals will be available on the employee's ID card by the first working day of the month following each deduction.

Payroll Office East Tennessee State University P.O. Box 70732 Johnson City, TN 37614 Phone: 423-439-5320

payroll@etsu.edu