



Missouri Western State University  
4525 Downs Drive, St. Joseph, MO 64507  
www.missouriwestern.edu

## EMPLOYEE MEAL PLANS

### AUTHORIZATION FOR PAYROLL DEDUCTION

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

G#: \_\_\_\_\_

**REQUIRED:** I authorize the Missouri Western State University Payroll Department to deduct payment from my payroll check for the following faculty/staff meal plan:

- ☐ **10 Meals in the Dining Hall - \$52.00**  
(biweekly employees - 2 payments of \$26.00, monthly employees - 1 payment of \$52.00)
- ☐ **20 Meals in the Dining Hall - \$99.00**  
(biweekly employees - 2 payments of \$49.50, monthly employees - 1 payment of \$99.00)
- ☐ **40 Meals in the Dining Hall - \$190.00**  
(biweekly employees - 4 payments of \$47.50, monthly employees - 2 payments of \$95.00)

**Note:** Meals will expire at the end of the academic year (the last day of finals in the Spring Semester)

By signing this agreement, I agree that if my employment is terminated before the full amount of the meal plan is paid; the remaining balance will be withheld from my last paycheck.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed forms to Human Resources.*