

Office of Human Resources, 1100 College Street, MUW-1609, Columbus, MS 39701-5800  
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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 **\$155.00**
- Monthly paid employees: **\$51.67** per month for the next three (3) months
  - Biweekly paid employees: **\$25.83** for next six (6) biweekly payroll periods\*
- ☐ **Option 2:** 20 meals, NO flex dollars for **\$130.00**
- Monthly paid employees: **\$43.33** per month for the next three (3) months
  - Biweekly paid employees: **\$21.67** 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.*

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

\_\_\_\_\_  
Date

Return completed form to the Office of Human Resources via  
campus mail, fax or email listed above or hand-deliver to Shattuck Hall.

<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 _____