



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

Name: _____ Employee ID: _____

Email: _____ Phone: _____

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 3rd 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.

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

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