



FACULTY/STAFF MEAL PLAN

Sign-up Form

INFORMATION

Name: _____ Phone: _____
 FSU Card #: 5894 – 3710 - _____ - _____ OMNI/Employee ID #: _____
 Date of Birth: _____ FSUID: _____

PURCHASE

- Faculty & Staff 20 for \$100 (Eligible for deduction over 1 or 2 pay periods)
- Faculty & Staff 50 for \$247 (Eligible for deduction over 1, 2, or 4 pay periods)
- Add VIP for \$20

PAYMENT

- Cash
- Credit/Debit Card
- Payroll Deduction*

OPS Staff Members are not eligible for payroll deduction

I agree to have the total above paid through Payroll Deduction over _____ payments
 (write-in 1, 2, or 4)

| | | <u>1 Pay Period</u> | <u>2 Pay Periods</u> | <u>4 Pay Periods</u> |
|--------------------|----------|---------------------|----------------------|----------------------|
| Faculty & Staff 20 | \$100.00 | \$100.00 | \$50.00 | - |
| Add VIP | \$20.00 | \$20.00 | \$10.00 | - |
| Faculty & Staff 50 | \$247.00 | \$247.00 | \$123.50 | \$61.75 |
| Add VIP | \$20.00 | \$20.00 | \$10.00 | \$5.00 |
| Total | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

*Faculty and Staff can only have one open deduction at any given time

SIGNATURE

Signature: _____ Date: _____

Please email the completed form to seminoledining@fsu.edu, or turn it in at the Dining Office located by the FSUCard Center at 104 N. Woodward Ave., or fax the form to (850) 644-4999.