



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.