



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 \$120.00 (eligible for deduction over 1 or 2 pay periods)
- Add VIP for \$20
- Faculty & Staff 50 for \$300.00 (eligible for deduction over 1, 2, or 4 pay periods)
- Add VIP for \$40

PAYMENT

- Cash
- 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	\$120.00	\$120.00	\$60.00	-
Add VIP	\$20.00	\$20.00	\$10.00	
Faculty & Staff 50	\$300.00	\$300.00	\$150.00	\$75.00
Add VIP	\$40.00	\$40.00	\$20.00	\$10.00
 Total	 \$ _____	 \$ _____	 \$ _____	 \$ _____

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

SIGNATURE

Signature: _____ Date: _____