

FACULTY & STAFF MEAL PLAN PAYROLL DEDUCTION AUTHORIZATION

Payroll Deduction may be used by any full-time employee, with benefits, paid by Nicholls State University

Please Print:

Name: _____
Last Name First Name

"N" Identification Number: _____

Daytime Telephone Number: _____

Email: _____@nicholls.edu

I, _____ (Your Name), hereby authorize Nicholls State University to deduct a total of **\$82.46** (\$75 + tax) **ONE TIME** from my paycheck towards my 30 Meal Faculty and Staff Meal Plan.

Deductions may be cancelled only if an employee has been placed on medical leave or separates employment. All requests to discontinue payroll deduction must be made to both Campus Dining Management Office (located in Vernon F. Galliano Cafeteria) and the Human Resources Benefits Office (located in Elkins Hall).

Signature

Date

To enroll, the full-time faculty or staff member must complete the Faculty & Staff Meal Plan Payroll Deduction Authorization form and pay the first half plus tax (\$82.46) at the cashier station located in Vernon F. Galliano Cafeteria. Once the first payment is made, the payroll deduction form will be sent and processed through Human Resources. For more information call 985.448-4513.

For Campus Dining Use Only:

_____ Verify first payment of \$82.46 Date: _____ Staff Initials: _____