

**Faculty/Staff Meal Plan
Authorization for Payroll Deduction
2018-2019**

Name: Last:	First:	MI
Employee Number:		
Campus Department:		
Employee Type:	<input type="radio"/> Faculty (Paid Monthly) <input type="radio"/> Academic Staff (Paid Monthly) <input type="radio"/> Classified and Limited-term Staff (Paid Biweekly)	
Payroll Deduction Options:	<p>Initial Deduction for 25 Meals</p> <input type="radio"/> One Deduction = \$184.63 <input type="radio"/> Two Deductions = \$92.32 each, total \$184.64 (Taken out in 2 months on B payroll)	
	<p>Additional 10 Meals</p> <input type="radio"/> One Deduction = \$73.85 <p>Additional 20 Meals</p> <input type="radio"/> One Deduction = \$147.70 <input type="radio"/> Two Deductions = \$73.85 each, total \$147.70 (Taken out in 2 months on B payroll)	
<p>I hereby authorize the UW-La Crosse to deduct from my salary the amount indicated for the purchase of Staff Block Meals.</p>		
<p>Employee Signature _____ Date: _____</p>		
<p>Return completed document to: Card Office 1131 Student Union or uwcardoffice@uwlax.edu 608.785.8891</p>		