



EAST TENNESSEE STATE
UNIVERSITY

Food Service Employee Block Plan - Authorization for Payroll Deduction

Name: _____ E#: _____

Department: _____ Campus Box: _____ Phone: _____

I hereby authorize the ETSU Payroll Office to make deductions from my paychecks for the Food Service Employee Block Plan. The plan includes 40 meals for \$450.00 plus tax for a total of \$483.24.

I understand that if I am no longer employed at the University, any unused meal plans that remain effective on the date of the termination shall be forfeited and will not be refunded.

Select your payroll cycle:

Bi-Weekly Payroll

Monthly Payroll

Select a meal plan:

\$120.81 per month/10 meals & \$25 Flex Dollars paid in 4 monthly payments

\$241.62 per month/20 meals & \$50 Flex Dollars paid in 2 monthly payments

Employee's signature: _____ **Date:** _____

This form must be completed, signed, and returned to the Payroll Office by the 5th of the month for the bi-weekly payroll and the 20th of the month (by the 5th in December) for the monthly payroll to become effective. The meals will be available on the employee's ID card by the first working day of the month following each deduction.

Payroll Office
East Tennessee State University
P.O. Box 70732
Johnson City, TN 37614
Phone: 423-439-5320
payroll@etsu.edu