



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 monthly deductions from my paychecks for the Food Service Employee Block Plan. The plan includes 60 meals for \$360.00 plus tax.

Select your payroll cycle:

Semi-Monthly Payroll

Monthly Payroll

Select a meal plan:

\$98.55 per month/15 meals paid in 4 monthly payments

\$197.10 per month/30 meals 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 semi-monthly 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