

The University of the Incarnate Word
Commuter Meal Plan Payroll Authorization Form

Employee Name: _____

PIDM#: _____ Date: _____

Please check all boxes that apply:

- UIW IWHS SACHS
 Administrator Faculty Staff

I, _____, authorize the University of the Incarnate Word to make

the appropriate deductions from my pay check in the amount \$ _____ per check beginning with the _____ check and ending with the _____ check (no later than May 31).

The deductions totaling \$ _____ are in payment for the **COMMUTER MEAL PLAN.**
(Minimum deduction over two pay periods)

I, _____, understand that if I miss a paycheck any given pay period that I will be double deducted the following pay period and/or adjustments will be made in May of the current Fiscal Year ending May 31.

AVAILABLE TO FULL TIME EMPLOYEES ONLY

Business Office Transaction Completed By _____ Date _____ Employee Signature _____ Date _____
 Input in Blackboard _____ Input in Banner _____ Payroll Office _____

In the event that my employment with UIW/IWHS/SACHS ends, the remaining balance for any meal points used will be immediately due in full and deducted from any funds owed by the University to the employee.

Employee Initial

To calculate amount to be payroll deducted, use the following:

| | <u>Example</u> | <u>Employee Amount</u> |
|-----------------------------------|----------------|------------------------|
| A. Meal points desired | \$25.00 | \$ _____ |
| B. Less: discount – 25% of (A) | - 6.25 | - _____ |
| C. Plus: sales tax – 8.00% of (A) | + 2.00 | + _____ |
| D. Total | \$ 20.75 | \$ _____ |

