Meal Plan Selection Form- Faculty/Staff

Name: ____________________________    ID#: ______________________

Semester

☐ Fall 2018
☐ Spring 2019

Meal Plan Selection

<table>
<thead>
<tr>
<th>Type</th>
<th># of Meals</th>
<th>Cost</th>
<th>Roadrunner Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Block 20</td>
<td>20 Meals</td>
<td>$170.00</td>
<td>$25</td>
</tr>
<tr>
<td>☐ Block 35</td>
<td>35 Meals</td>
<td>$280.00</td>
<td>$35</td>
</tr>
<tr>
<td>☐ Block 55</td>
<td>55 Meals</td>
<td>$420.00</td>
<td>$50</td>
</tr>
</tbody>
</table>

Commuter Meal Plans are valid during all meal periods Monday- Sunday.

Roadrunner Café Hours Monday-Friday
Breakfast: 7:30 am - 10:00 am
Lunch: 10:30 am - 3:30 pm
Dinner: 4:30 pm – 7:30 pm

Roadrunner Café Hours Saturday- Sunday
Brunch: 10:30 am – 1:30 pm
Dinner: 4:30pm – 6:30 pm
Payment Method

☐ Cash
☐ Check
☐ Roadrunner Cash
☐ Payroll Deduction *(complete authorization below)*

Payroll Deduction Authorization

I authorize Dalton State to automatically deduct the cost of my meal plan as a payroll deduction during the semester the meal plan was purchased. The meal plan cost will be divided evenly between the remaining pay periods through the last period listed on the front page.

I understand that if I am no longer employed before the meal plan payment is complete, the remainder of the meal plan cost will be taken from my final paycheck. If the final pay check does not have sufficient funds to cover the remainder of the meal plan, I will be billed.

Please select your employment classification:

☐ Faculty: Full-time
☐ Staff: paid monthly
☐ Faculty: Part-time
☐ Staff: paid bi-weekly

_________________________  ________________________
Signature                  Date

Acknowledgment

By my signature below, I acknowledge I have read and understand the meal plan terms and conditions.

_________________________  ________________________
Signature                  Date

For Campus Services Use Only:

Posted in Blackboard _____________________  Roadrunner Cash Added ___________________