



FACULTY/STAFF MEAL PLAN  
Sign-up Form

**INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 FSU Card #: 5894 – 3710 - \_\_\_\_\_ - \_\_\_\_\_ OMNI/Employee ID #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ FSUID: \_\_\_\_\_

**PURCHASE**

- Faculty & Staff 20 for \$100 (eligible for deduction over 1 or 2 pay periods)
- Faculty & Staff 50 for \$247 (eligible for deduction over 1, 2, or 4 pay periods)
- Add VIP for \$20

**PAYMENT**

- Cash
- Credit/Debit Card
- Payroll Deduction\*

**OPS Staff Members are not eligible for payroll deduction**

I agree to have the total above paid through Payroll Deduction over \_\_\_\_\_ payments  
 (write-in 1, 2, or 4)

		<u>1 Pay Period</u>	<u>2 Pay Periods</u>	<u>4 Pay Periods</u>
Faculty & Staff 20	\$100.00	\$100.00	\$50.00	-
Add VIP	\$20.00	\$20.00	\$10.00	-
Faculty & Staff 50	\$247.00	\$247.00	\$123.50	\$61.75
Add VIP	\$20.00	\$20.00	\$10.00	\$5.00
<b>Total</b>	\$ _____	\$ _____	\$ _____	\$ _____

\*Faculty and Staff can only have one open deduction at any given time

**SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the completed form to [seminoledining@fsu.edu](mailto:seminoledining@fsu.edu), or turn it in at the Dining Office located by the FSUCard Center at 104 N. Woodward Ave., or fax the form to (850) 644-7547.