

Faculty & Staff Meal Plan Registration Form - Fall 2020

Name: _____

Employee number: _____

Phone: _____ Email: _____

10 MEALS — \$80 PAYROLL DEDUCTION ONLY

Bi-weekly _____ **Semi-Monthly** _____ (check one)
(every 2 weeks) (15th and last day of each month)

I authorize the Ithaca College Payroll office to deduct \$ _____
(**divide total by 1 or 2**) from my paycheck **per pay period**.

Pay Date #1 ___ / ___ Pay Date #2 ___ / ___ (month and date)

**Faculty & Staff will receive one reusable container
to grab food in Campus Center Dining Hall.**

Dirty containers should be exchanged for a carabiner at The X-Change stations located in the Food Court area or at the Information Desk in the Campus Center Lobby. Present your carabiner upon entering the dining hall for a clean, sanitized container for your meal.

Scan or save and e-mail to dine@ithaca.edu

PLEASE DO NOT E-MAIL A PHOTO OF THIS FORM

**I understand that there will be no refund on unused meals
should I leave my employment at Ithaca College.**

Employee signature: _____ Date: _____



ITHACA COLLEGE

Dining Services