

**2009 - 2010 Payroll Deduction Form
for
Sage Employee Meal Plans**

DATE: _____

NAME: _____

ID Number: _____

I authorize The Sage Colleges to withhold from my paycheck the following:

- 10 Meals** (Breakfast, Brunch or Lunch) for **\$70.20** (Retail Value \$75.49 = savings of \$5.29 for every set of 10 meals!)
3 Bi-weekly deductions of \$23.40 (6 calendar weeks) Can be used in McKinstry Dining Room Only

SAFE MONEY (A Debit Account for Food Purchasing Right valid at all Sodexo managed Sage dining outlets)

- \$ 25.00** (\$23.15 after tax value on card yields \$26.25 in Point of Sale purchasing power)
3 Bi-weekly deductions of \$8.34

- \$ 50.00** (\$46.30 after tax value on card yields \$52.50 in Point of Sale purchasing power)
3 Bi-weekly deductions of \$16.67

- \$100.00** (\$92.59 after tax value on card yields \$105.00 in Point of Sale purchasing power)
3 Bi-weekly deductions of \$33.34

TOTAL DEDUCTION \$_____._____ 3 Bi – Weekly Deductions of \$_____._____ each

- 25 Meals** (Breakfast, Brunch or Lunch) for **\$162.00** (Retail Value \$188.73 =Savings of \$26.73 for every set of 25 meals!)
5 Bi-weekly deductions of \$32.40 (10 calendar weeks) Can be used in McKinstry Dining Room Only

SAFE MONEY (A Debit Account for Food Purchasing Right valid at all Sodexo managed Sage dining outlets)

- \$ 25.00** (\$23.15 after tax value on card yields \$26.25 in Point of Sale purchasing power)
5 Bi-weekly deductions of \$ 5.00

- \$ 50.00** (\$46.30 after tax value on card yields \$52.50 in Point of Sale purchasing power)
5 Bi-weekly deductions of \$10.00

- \$100.00** (\$92.59 after tax value on card yields \$105.00 in Point of Sale purchasing power)
5 Bi-weekly deductions of \$20.00

TOTAL DEDUCTION \$_____._____ 5 Bi – Weekly Deductions of \$_____._____ each

In the event that I leave employ of The Sage colleges before I have paid for my Meal Plan deduction, I further authorize the Payroll Department to withhold, from my final paycheck, any amount due to the Colleges.

Employee Signature: _____

Date: _____

Sodexo Signature : _____

Date: _____

Human Resources Approval: _____

Date: _____

Please Note: you can not authorize another payroll deduction until the prior deductions are completed