

**2006 – 2007 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 at McKinstry) for **\$64.80** (Retail Value \$72.90 = savings of \$8.10 for every set of 10 meals!)  
**3 Bi-weekly deductions of \$21.60 (6 calendar weeks)**

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 at McKinstry) for **\$135.00** (Retail Value \$182.25 = Savings of \$47.25 for every set of 25 meals!)  
**5 Bi-weekly deductions of \$27.00 (10 calendar weeks)**

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