



## Employee Meal Plan Form

*Form to be filled out by employees who wish to begin the NAU Meal plan. Employees enrolled in the meal plan should have a university issued ID in which the cafeteria will scan per use. If you do not have an ID, please stop by HR for your employee ID so a badge can be issued.*

I, \_\_\_\_\_, agree to allow North American University to deduct \$80 per month from my paycheck to be used toward the cafeteria meal plan for a total of 15 meals per month.

I understand if I am paid semi-monthly the total will be divided equally to total \$80 per month. I understand that if I do not utilize the allotted 15 meals per month, any amount left over will not roll over to the next month. I understand the plan allows for breakfast, lunch or dinner. The plan will be effective until July 1, 2016.

\_\_\_\_\_  
Signature of Employee

Date:

*Internal Use Only:*

Entered in GP: \_\_\_\_\_ Employee Pay period: \_\_\_ Monthly \_\_\_ Semi-Monthly

By: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Office

\_\_\_\_\_  
Date