

**SPOONER AREA SCHOOL DISTRICT
FOOD SERVICE PAYROLL DEDUCTION**

Name _____ (Please print)

I authorize the Spooner Area School District to make deductions from my paycheck for the purpose of paying for food service for myself or my dependents. (Please check type of deduction.)

_____ Please deduct the following annual amounts from 18 paychecks. (circle appropriate items)

- | | |
|-------------------------------------|--------------------------|
| Hot lunch – self (\$3.05/meal) | Annual - \$549 |
| Milk – self (\$.30) | Annual - \$54 |
| Hot lunch – (grs K-4, \$1.90/meal) | Annual - \$342 No. _____ |
| Hot lunch – (grs 5-12, \$2.20/meal) | Annual - \$396 No. _____ |
| Breakfast – (grs K-4, \$1.20/meal) | Annual - \$216 No. _____ |
| Breakfast – (grs 5-8, \$1.30/meal) | Annual - \$234 No. _____ |
| Milk – break or lunch (grs k-12) | Annual - \$54 No. _____ |

_____ Please deduct the following set dollar amount per paycheck from 18 paychecks.
\$ _____ for deposit into a family meal account.

Employee signature

Date