

Your Campus Meal Plan (YCMP2) For Faculty & Staff

BENEFITS OF THE YCMP2 MEAL PLAN

- Meals never expire
- Accepted at retail & residential dining locations
- Can be used year round
- Swipe in friends, family, and co-workers!
- Enroll with payroll deduction

\$324.00 FOR 25 MEALS

Breakfast, lunch, or dinner (\$14.00/meal)
Price includes 7% meals tax

FACULTY & STAFF CAN PURCHASE A MEAL PLAN THREE WAYS

1. Call 413.545.5380
2. Pay online via credit card at:
[UMassDining.com/meal-plans](https://umassdining.com/meal-plans)
3. Fill out payroll deduction form
4. Visit the meal plan office, third floor
Worcester Commons R310A



Purchase Your Staff Meal Plan

Scan and pay online with a credit card.



Download the UMass Dining App!

Access all campus dining locations,
daily menus, operating hours, real-time
traffic reports, special events, and more.



Cater Your Next Event or Meeting!

umasshospitality.com/catering

PAYROLL DEDUCTION FORM (Permanent, Benefited Faculty/Staff Only)

YCMP2 MEAL PLAN FOR FACULTY AND STAFF

Graduate Students & Temporary Staff are not eligible for payroll deduction.

Please order YCMP2 at the Dining Commons Administration Office cash & credit cards accepted.

Mail Form to:

3rd Floor Worcester Dining Commons

667 North Pleasant Street

Amherst, MA 01003

OR Email to: basullivan@umass.edu

Name: _____

Employee ID: _____

Employee ID can be found on your paystub. Please be sure to input the correct number.

SPIRE ID (number on UCard): _____

Phone: _____

Email: _____

\$324.00 FOR 25 MEALS (BREAKFAST, LUNCH OR DINNER)

Order in blocks of 25 meals

Quantity: _____

Total payroll deduction over 10 pay periods = \$ _____

YCMP2 can be used at the Dining Commons or at retail dining locations. The retail dining meal value is \$14.00. Meals do not expire.

YCMP2 can also be purchased by credit card, check, or cash at the Dining Commons Administration Office (3rd Floor Worcester Commons), by phone at 413.545.5380, or online at umassdining.com/meal-plans

I hereby request and authorize the University of Massachusetts to reduce my yearly compensation by an amount equal to the YCMP2 fee for the number of meals that I have selected. I understand that this election may not be revoked after the beginning of the period for which the meal plan benefit will be provided and that compensation reduction amounts are NOT REFUNDABLE. Total amount will be collected over 10 pay periods.

Signature: _____

Date: _____

Meal Plan Office
ST: 107004 51008 A87010000 639900

Date Entered: _____