



Athletics Compliance Office

STUDENT-ATHLETE EMPLOYMENT FORM SUMMER 2017

Student-Athlete Name: _____ SID: _____ Sport: _____

Employment Period: _____

By signing below, I confirm that I WILL NOT be employed with any company or organization._____
Student-Athlete Signature_____
Date*This section to be completed if your work is regular employment with a company/organization.***EMPLOYER INFORMATION**

Company Name: _____ Employer Phone: _____

Employer Address (Street, City, State): _____

Position and Job Description: _____

Supervisor's Name: _____ Supervisor's Title: _____

Dates of Employment: Start Date _____ to End Date _____

How will you be paid? Cash Check Tips

Wages/ Salary: \$ _____ Hours/Week: _____ How did you find out about this job? _____

How did you apply? (e.g., Interview, Application): _____

Description of job duties: _____

Other employment benefits the student might receive (*transportation, meals, equipment, apparel, etc.*): _____**WRITTEN STATEMENT**

By signing below, I confirm my knowledge of and agree to abide by NCAA Bylaw 12.4.1, which is specified as follows:

- The student-athlete is to be compensated ONLY for work actually performed.
- The student-athlete can only be compensated at a rate commensurate with the "going rate" in that locality for similar services.
- The student-athlete may not receive any payment for publicity, reputation, fame, or personal following that he or she has obtained because of athletics ability.

If any changes occur to the above given information, I will immediately contact the Athletic Compliance Office.

Student-Athlete Signature_____
Date**SUBMISSION AND APPROVAL****By signing this form, the Compliance Office approves the above student-athletes' request for employment.**_____
Compliance Signature_____
Date