



STUDENT-ATHLETE EMPLOYMENT APPROVAL FORM

Student-Athlete Information

Name	GWid	Sport	Class
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Employment Information Employment is for the (check all that apply): Fall 20__ Winter Break 20__ Spring 20__ Summer 20__

Company Name		Supervisor's Name	
Type of Position		Supervisor's Title	
Employer's Address		Phone Number	
<input type="checkbox"/> On Campus Job <input type="checkbox"/> Off Campus Job	Estimated Hrs/Week	Hourly wage?	Start Date
		Estimated End Date	
Did anyone in the athletic department help you attain this job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, whom? _____		Form of Payment? <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> Other If other, please describe: _____	
Did anyone else assist you with finding this job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is your relationship to this individual? _____		Will you earn commission? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how is this determined: _____	
		Will you earn tips? <input type="checkbox"/> YES <input type="checkbox"/> NO	

As a student-athlete of The George Washington University desiring employment, I agree to comply with the following procedures as well as all other University and NCAA rules and regulations.

1. I am obligated to represent myself and the University by diligent work habits, honest communication and respectful conduct toward my employer at all times.
2. I confirm that my compensation does not include any remuneration for value or utility that I may have for the employer because of the publicity, reputation, fame or personal following that I have or will have obtained because of my athletics ability.
3. I understand that I will be paid only for actual hours worked and that my pay is based upon a rate which is the same rate paid to other employees doing similar work in the area.
4. I will not accept any benefits or privileges that are not available to other employees doing similar work, including transportation provided or arranged by my employer to or from my place of employment.
5. I will immediately report to the Assistant Athletics Director/Compliance any improper privileges or benefits offered to me or received by me and any NCAA rules violations of which I am aware.
6. By signing this employment agreement, I give my permission for my employer to release any and all employment records or documents to The George Washington University, Atlantic 10 Conference and NCAA.
7. If either my employer or I wish to end my employment, I will immediately communicate with the Assistant Athletics Director/Compliance when such action is taken.
8. I understand that failure to abide by The George Washington University's Athletics Department employment procedures and NCAA rules and regulations could be contrary to NCAA ethical conduct legislation. Further, I understand that any violation of NCAA rules could affect my athletic eligibility and financial aid.

Student-Athlete's Signature

Date

Employer's Signature

Date

For Official Use Only - Date form returned: _____ Date form approved: _____