



Employment Approval Request



Part I: To Be Completed By Student-Athlete Prior To Beginning Employment

Name _____ Sport _____

People Soft ID # _____ Phone # _____

Local Address _____ City _____ State _____ Zip _____

Type of Employment _____ Weekly Hours _____

Dates of Employment _____ Salary (hourly/weekly wage) _____

Payment will be made via **Check** **Cash** **Tips** **Other**

Payment via commission? **YES** **NO**

Type of transportation used to report to work _____

Who will pay the expenses of transportation? _____

How did you find this job? _____

Did anyone affiliated with Pitt Athletics or a Booster help you find this job? **YES** **NO**

If Yes, who: _____

Name of Employer _____ Phone # _____

Contact Name _____

Address of Company _____

City _____ State _____ Zip code _____

Please read the summary of NCAA regulations regarding employment. By signing at the bottom I state that:

1. I understand that I will be paid only for actual hours worked and that my pay is based upon a rate that is the same rate paid to other employees doing similar work in this area.
2. 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.
3. I will immediately report to the University of Pittsburgh Office of Student Life & Compliance any improper privileges or benefits offered to me or received by me, as well as any NCAA rules violations of which I am aware.
4. I understand that the University of Pittsburgh will from time to time contact my employer to evaluate my employment. In that regard, by signing this employment agreement, I give my permission for my employer to release any and all employment records or documents to the University of Pittsburgh or its authorized representatives.
5. I have been provided with the information detailing the NCAA rules related to student-athlete employment and agree to strictly adhere to them.
6. I understand that failure to abide by the Employment Program procedures and NCAA rules and regulations could result in a violation of NCAA rules and could jeopardize my athletic eligibility.
7. I will inform the Office of Student Life & Compliance immediately if my employment status changes by calling 412.648.8218.

Signature of Student-Athlete

Date

Part II: To Be Completed By Employer

By signing this statement I, the employer, agree that: The student-athlete will not receive any remuneration for the value or utility that the student-athlete may have for my business because of the publicity, reputation, fame, or personal following he or she has obtained because of athletics ability; the student-athlete is to be compensated at a rate commensurate with the going rate in the locality for similar services; and, I will make available for review and inspection, by an authorized representative from the NCAA, the Big East Conference or the University of Pittsburgh copies of all documents, earning statements and other records related to the employment.

Print Name

Employer's Signature

Date

Part III: To Be Completed By Coach

I have reviewed this information and it is accurate to the best of my knowledge. I understand that it is my responsibility along with the Office of Student Life & Compliance to monitor the employment status of the student-athletes who are on my team.

Coach's Signature

Date

Part IV: To Be Completed By Office of Student Life & Compliance Staff

Compliance Signature

Date

Copy:

Head Coach

Student File

Compliance Office