



## Procedure: Pre/Post Employment List

Tulane University shall employ the following procedure regarding completion of the Expected/Actual Employment Form.

1. At the top of the form list the name of the camp/clinic and the date(s) of the camp/clinic.
2. List the name(s) of each employee who will be employed in your camp/clinic on the Employment List.
3. List the individual's current employment status and affiliation (e.g., Student-Athlete, College Coach, HS Coach, Volunteer)

**Please complete the Student-Athlete Camp/Clinic Employment Agreement if a Tulane student-athlete is being employed.**

4. List the pay scale the individual will receive per hour (e.g. \$5/hour) or weekly basis (e.g., \$350/week).
5. List the duties that the individual will perform at your camp (e.g., Coaching, Officiating, Dorm Counselor)
6. Submit the Employment List to the Compliance Office no later than five (5) days prior to the start of camp or clinic for review
7. Once the Employment List is reviewed and approved, the Compliance Office will initial the document.
8. The Employment List will be returned to the Camp Director. A copy of the form will be given to the Business Office.

Tulane University shall employ the following procedure regarding completion of the Employment List, if no changes have been made to the original document, upon completion of a camp.

1. If no changes have been made to the original Employment List, the Camp Director will sign the form and resubmit the form to the Compliance Office.
2. The Compliance Office will review the form. When approved, the Compliance Office will sign the form and forward to the Business Office.
3. Business Office will distribute monies.

Tulane University shall employ the following procedure regarding completion of the Employment List, if changes were been made to the original document (e.g., change in pay rate, new employee added, etc.), upon completion of a camp.

1. The Camp Director will resubmit the original form with documented changes to the Compliance Office. The Camp Director must sign the form before submitting to the Compliance Office.
2. The Compliance Office will review the changes. When approved, the Compliance Office will sign the form and forward to the Business Office.
3. Business Office will distribute monies.



### Pre/Post Employment List

Name of Camp/Clinic: \_\_\_\_\_

Dates of Camp/Clinic: \_\_\_\_\_

Employee Name	Current Status*	Pay Scale**	Duties Performed***
<i>Ex. Rip Tide</i>	<i>Student-Athlete</i>	<i>\$350/week</i>	<i>40% Coaching, 50% Counselor, 10% Set-Up</i>
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20.			

\_\_\_\_\_  
Camp Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Compliance Office Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport Supervisor Signature

\_\_\_\_\_  
Date

\* List the current status of the employee (e.g., HS Coach, College Coach, Student-Athlete, etc.)

\*\* List the pay rate and wage the employee will receive (i.e., weekly, hourly, etc.)

\*\*\* List all duties the employee will perform using the format shown above

**Submit this form to the Compliance Office no later than five (5) days prior to start of camp.**

### Attachment E