

**THE UNIVERSITY OF WYOMING  
STUDENT-ATHLETE EMPLOYMENT (FORM 2)**

(To be completed by employer AT THE CONCLUSION of employment that occurred during the academic year)

**Information:**

Employee's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Employee's Job Title: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

Name of Student-Athlete's Direct Supervisor (if different from above): \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Date Employment Ended: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ # of Hours Student-Athlete Works per Week: \_\_\_\_\_

How Payment was Made (i.e., check, cash, tips, etc): \_\_\_\_\_

Brief Description of Job Responsibilities: \_\_\_\_\_

1. Did the student-athlete's compensation include any remuneration for the value or utility that the student-athlete had for the employer due to publicity, reputation, fame or personal following that he or she obtained because of athletics ability?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Was the student-athlete compensated only for actual work performed?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Was the student-athlete compensated at a rate commensurate with the going rate in this community for similar services?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*By signing below, I affirm that, to the best of my knowledge, the above information is accurate. I realize that inaccurate information could result in the student-athlete being declared ineligible for intercollegiate competition and possible NCAA sanctions for the University of Wyoming. Should I have any questions or concerns, I will contact the UW Compliance Office immediately (307-766-2391).*

EMPLOYER CONTACT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PLEASE PRINT

EMPLOYER CONTACT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PLEASE SIGN