

**COACHES/DIVISION OF ATHLETICS STAFF OUTSIDE INCOME AND UNIVERSITY OF
CONNECTICUT CONSULTING APPROVAL FORM
_____ ACADEMIC YEAR**

This form may be used by a full-time coach (head or assistant), a restricted coach, and a full or part-time Division of Athletics staff member (excluding secretarial or clerical personnel) as a means of reporting (and receiving required prior written approval for) athletically related income and benefits received from sources outside the institution. The form also may be used for a Chief Executive Officer and Director of Athletics to grant general prior written approval for a coach or staff member to receive income not exceeding \$1,000 per event for athletically related activity. (NCAA Bylaw 11.2.2.1). This form is also the University consulting form for employees of the Division of Athletics in the above categories.

Please complete this form in its entirety. Please be sure to include address, estimated number of days, description of work, etc.

Name _____

Title _____

Social Security Number _____

A COACH/DIVISION OF ATHLETICS STAFF MEMBER MUST RECEIVE PRIOR ANNUAL WRITTEN APPROVAL FROM INSTITUTION'S CHIEF EXECUTIVE OFFICER TO:

1. RECEIVE all athletically related income and benefits from sources outside the institution.
2. ACCEPT outside compensation or gratuities from athletics shoe, apparel or equipment manufacturers in exchange for use of such merchandise during practice or competition.
3. ENGAGE in outside consulting.

_____ Check here if no outside income will be earned for the current academic year. Please turn to the end of the document, sign in the appropriate location, and return it to the appropriate institutional administrator.

ATHLETICALLY RELATED INCOME

	<u>PROJECTED</u>	<u>ACTUAL</u>
1. Speaking engagements	_____	_____
2. Salary supplement (from outside the institution) Source: _____ Address: _____ _____	_____	_____
Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		

3. Endorsement or consultation contracts		
a) Athletics shoes	_____	_____
Source: _____		
Address: _____		

Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		

	<u>PROJECTED</u>	<u>ACTUAL</u>
b) Apparel	-----	-----
Source: _____		
Address: _____		

Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		

c) Equipment	-----	-----
Source: _____		
Address: _____		

Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		

4. Television appearances or commercials	-----	-----
5. Radio appearances or commercials	-----	-----
6. Income from corporations in exchange for charitable or promotional work	-----	-----
7. Annuities (from outside the institution)	-----	-----
8. Sports camps		
Source: _____	-----	-----
Address: _____		

Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		

Source: _____	-----	-----
Address: _____		

Estimated number of days: _____		
Start date: _____		
End date: _____		
Description of work: _____		
