

EMPLOYMENT EARNINGS REPORT FORM

TO BE COMPLETED BY THE EMPLOYER AFTER EACH SEMESTER THE STUDENT-ATHLETE IS EMPLOYED.

Business: _____

Authorized Representative: _____ Date: _____

Name of Employed Student-Athlete: _____

Did your business employ the student-athlete named above? Yes No

If Yes, please complete the following questions. If no, please read the last sentence and sign.

1. Job Title: _____

Job Description: _____

2. Dates of Employment: Starting: _____ Ending: _____

3. Hourly or weekly rate: \$ _____ Hours worked per week: _____

Total gross amount paid to the student-athlete employee during the
academic year [8/29/01 – 12/21/01 and 1/23/02 – 5/17/02]: _____ (cumulative)

Total gross amount paid to the student-athlete employee during the
vacation periods [12/22/01 – 1/22/02; 3/17/02 – 3/24/02]: _____ (cumulative)

4. In what form was payment made? _____

5. How were student-athlete's hours/wages documented? Sign In Punch In Other

If other, please explain: _____

6. Was the student-athlete paid at the same rate as other employees performing similar work?

Yes No If no, please explain: _____

7. Did the student-athlete receive any special benefits? Yes No

If yes, please explain: _____

8. Did the student-athlete receive payment only for work actually performed? Yes No

If no, please explain: _____

9. Who contacted your company that this student-athlete was seeking employment?

Student-athlete Coach Parent Career Center Other

Please identify: _____

I certify that the above information was completed to the best of my knowledge as to this student-athlete's employment.

Signature (Employer or Representative)

Phone Number

Title

Date

Employer: Please return this form via fax (860-486-2245)
or mail to: Athletic Compliance Office, 2095 Hillside Road, U-78, Storrs, CT 06269