

EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY ALL STUDENT-ATHLETES EMPLOYED DURING THE ACADEMIC YEAR.
THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT.

Student-Athlete: _____ SS# _____ Date: _____
Sport: _____

Employer: _____ Job Title: _____

Contact Person: _____ Phone #: _____
Address: _____

Date Employment Starts: _____ Date Employment Ends: _____

Hourly or Weekly Rate: \$ _____ Approximate # of Hours/Week: _____

Description of Job Responsibilities: _____

Did a member of the athletic department or a representative of athletics interests assist in arranging this employment? Yes No If yes, please explain: _____

Is this employment within the Division of Athletics? Yes No

**TO BE COMPLETED BY FINANCIAL AID REPRESENTATIVE
EARNINGS LIMITATION**

Earnings limited to: \$ _____ for the academic year from 8/29/01 – 12/21/01 and 1/23/02-5/17/02 (official vacation periods of 12/22/01-1/22/02 and 3/17/02-3/24/02 are excluded).

Signature of Financial Aid Representative

Date

By signing this statement, the student-athlete and the employer verify the information above and agree to the following:

- The student-athlete may not receive remuneration for the value or utility that the student-athlete may have for the employer 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 only for work actually performed;
- The rate of pay and any benefits received by the student-athlete employee must be commensurate with those received by similarly situated employees (e.g., seasonal, part-time) performing the same or similar work;
- The employer will maintain accurate time records and provide appropriate supervision for the student-athlete employee;
- The student-athlete employee will be paid by check;
- If payment is on a commission basis, prior approval is required;
- The student-athlete will not earn in excess of his or her limit during the academic year;
- The employer and student-athlete agree to make available for review and inspection, by an authorized representative of the University, copies of all documents, earnings statements and other records related to the employment of the student-athlete.

Signature of Employer or representative

Date

Phone

Signature of Student-Athlete

Date

Phone