

**STUDENT-ATHLETE EMPLOYMENT REQUEST**

Student-Athlete: \_\_\_\_\_ SS#: \_\_\_\_\_

Sport: \_\_\_\_\_

I plan to be employed during the academic year, and I am seeking permission to begin employment on \_\_\_\_\_.

I understand that I need to complete the *Student-Athlete Employment Verification Form* and *Student-Athlete Agreement* with the Compliance Office after obtaining the necessary signatures on this form. Further, I understand unreported and/or improper employment can result in the LOSS OF MY ELIGIBILITY.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

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**To Be Completed by Head Coach:**

I, \_\_\_\_\_ as Head Coach for the sport of \_\_\_\_\_, give my permission for \_\_\_\_\_, a student-athlete on my team roster for the \_\_\_\_\_ academic year, to be employed during the academic year. I understand that the employment will be subject to NCAA Bylaw 15.2.6 and its subsections.

\_\_\_\_\_  
Signature of Head Coach

\_\_\_\_\_  
Date

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**To Be Completed by Academic Services (CPIA):**

Please evaluate the potential impact of employment on this student-athlete's academic performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

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**\*\*\* NOTE: YOU CANNOT BEGIN WORKING UNTIL THE COMPLIANCE OFFICE HAS APPROVED YOUR EMPLOYMENT. SUBMIT THIS FORM TO BEGIN THE PROCESS FOR GETTING THE REQUIRED APPROVAL.**