



Student-Athlete: _____

Sport: _____

SS#/ID: _____

Job Title: _____

Employer: _____

Employer Phone: _____

Address: _____

City: _____ State & ZIP: _____

Date employment starts: _____

Date employment ends: _____

Hourly or weekly rate: \$ _____

Approximate hours of work per week: _____

Brief Description of job responsibilities: _____

Are you an alumnus of the University of Louisville or a representative of its Athletics interests, Yes No or do you have any other type of relationship with the University of Louisville or Cardinal Athletics?

If yes, please describe the relationship: _____

Payment will be made by (Check all that apply): Check Cash Tips Other: _____

Payment will be made on a commission basis: Yes No

By signing this statement, the employer agrees that:

- The student-athlete may not receive any 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 student-athlete is to be compensated at a rate commensurate with the going rate in that locality for similar services;
- The employer and student-athlete will make available for review and inspection/ by an authorized representative at the NCAA, BIG EAST, or the University of Louisville, copies of all documents, earnings statements and other records related to the employment.

Printed Name of Employer

Signature of Employer

Date

Employer: Please return this form to:

University of Louisville
Department of Athletics—Compliance Office
2100 South Floyd Street
SAC 2nd Floor
Louisville, KY 40292
FAX: 502-852-0079

Approved: Yes No

Signature of Compliance Officer _____

Date _____