

Jacksonville State University

Athletics Compliance

SA On - & Off-Campus Employment Form



I am not currently employed, and will not be employed as a student-athlete within my years of NCAA eligibility. If I choose to become employed while I am a student athlete, I will notify the Compliance Office prior to my initial employment.

Student-Athlete Signature

Date

THIS FORM IS TO BE COMPLETED BY ALL EMPLOYED STUDENT-ATHLETES AND PROSPECTIVE STUDENT-ATHLETES. THIS FORM MUST BE COMPLETED PRIOR TO THE COMMENCEMENT OF EMPLOYMENT.

Name: _____

Date: _____

Student ID: _____

Sport: _____

Cell Phone: _____

Period of Employment: ____ Fall/Spring ____ Summer

Date Employment Begins: _____

Date Employment Ends: _____

Name of Employer/Company/Business: _____

Employer/Company/Business Address: _____

Name of Supervisor: _____

Supervisor Telephone: _____

Rate of Pay: \$ _____ per (Check one) ____ hour ____ week ____ month Payment Method: ____ check ____ cash ____ tips

Brief Description of Responsibilities:

How did you find out about and obtain this job?

Did you receive any employment benefits? (discounts, meals, transportation) _____

By signing below, the employee and employer acknowledge that:

- The student-athlete may not receive any remuneration for the value or utility the student athlete may have for the employer because of the acknowledgements that he or she has received as a student-athlete;
- The student-athlete is to be compensated only for work actually performed;
- The student-athlete must be compensated at a rate commensurate with the going rate in that locality for similar services;
- The employer and the student-athlete will make copies of all documents, earnings statements and other records related to the employment available for review and inspection by the Jacksonville State Compliance Office, the OVC Compliance Office and the NCAA.

Signature of Student-Athlete

Date

Signature of Supervisor

Date

Compliance Signature: _____

Date: _____