



LIBERTY UNIVERSITY OFFICE OF ATHLETICS COMPLINACE
STUDENT-ATHLETE EMPLOYMENT FORM

Academic Year []

Sport []

Name: []

Liberty University Email: []

When do you intend to be employed (check all boxes that apply)? [] Fall Semester [] Spring Semester [] Winter Break [] Summer

Describe how you obtained this job (i.e. saw posting and replied, was referred, etc)

[]

Name of Employer (business name): []

Phone #: []

Employer's Address: []

Name of Supervisor: []

Title: []

Intended Start Date: []

Intended Completion Date: []

Student Athletes Duties: []

Hourly Rate \$ []

Is this the going rate in the area? [] Yes [] No

Anticipated Hours per week: []

In what form will the student-athlete be paid? [] Cash [] Check [] Tips [] Other

Other employment benefits (check all the apply) [] No other benefits [] Uniform [] Meals [] Transportation [] Other

Are these benefits provided to all employees? [] Yes [] No

By submitting this form, the student-athlete agrees that:

Initial: [] 1. All the information provided on this form is accurate and if any changes occur to the reported information or if the student-athlete has concerns regarding a potential NCAA rules violation, I will notify the Compliance office at Liberty University by phone at (434)582-2116 or by email at mthagen@liberty.edu immediately.

Initial: [] 2. I am not being employed and will not be paid for the publicity, reputation, fame or personal following obtained due to my athletics ability;

Initial: [] 3. My name or image will not be used to promote the employer's business;

Initial: [] 4. I will be compensated only for the work I will actually perform;

Initial: [] 5. I am being compensated at a rate that is commensurate with the going rate in the employer's area for similar services; and

Initial: [] 6. I authorize release of my employment records to Liberty University Compliance office in the event of and inquiry.

Student-Athlete []

Date []