University of Colorado

Office of Compliance Services

STUDENT-ATHLETE EMPLOYMENT FORM

Must be completed PRIOR to working

Student-Athlete Information

Student-Athlete Name: _____ SID: _____ Sport: _____

Cell Phone#: _____ Email Address: _____

Employment Period: ___ Academic Year ___ Official CU Vacation Period ___Summer

Is this employment a Camp/Clinic? Yes or No Is this a Fee-For-Lesson? Yes or No

If yes for either of the above questions, skip to Section 2 or 3 and complete respective section. If no, complete Section 1.

SECTION ONE

This section to be completed if your work is regular employment with a company/organization.

Employer Information

Company Name: _____ Employer Phone: _____

Employer Address (Street, City, State, Zip): _____

Position AND Job Description: _____

Supervisor's Name: _____ Supervisor's Title: _____

Dates of Employment: Start Date _____ to End Date_____ How will you be paid? Cash ___ Check ___ Tips ___

Wages/Salary : $_____ Hours/week: _____

How did you find out about this job? _____ How did you apply? (ex. Interview, Application):_____

Written Statement

By signing below, I confirm my knowledge of and agree to abide by NCAA Bylaw 12.4.1, which is specified as follows:

- The student-athlete is to be compensated ONLY for work actually performed.
- The student-athlete can only be compensated at a rate commensurate with the "going rate" in that locality for similar services.
- The student-athlete may not receive any payment for publicity, reputation, fame, or personal following that he or she has obtained because of athletics ability.

If any changes occur to the above given information, I will immediately notify the Office of Compliance Services.

_____ _____

Student-Athlete Signature Date

Office of Compliance Services Use Only:

Reviewed by OCS: _____ _____

Compliance Approval Signature Date

_____ Date Letter Sent to Employer _____ Date in Database

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SECTION TWO

This section is to be completed prior to Fee-for-Lessons. Track each lesson individually.

Fee-For-Lesson

Lesson Requested By: _____ Anticipated # of Lessons: _____

Location (*CU Facilities may not be used for lessons*): _____

Are the lessons going to be conducted at a private club/facility where parties must be members? Yes or No

If yes, did you get permission from the facility? Yes or No What is the going rate to use the facility? _____

Confirmed going rate for this lesson: $_____ Fee to be paid by: _____

Relationship of Fee-payer to person receiving lesson: _____ (ex. Booster, mentor, friend, relative)

Written Statement

By signing below, I confirm my knowledge of and agree to abide by NCAA Bylaw 12.4.2.1, which includes what is above and below:

- Playing lessons will not be permitted (e.g. Putting lesson ok; Full round of golf not permissible).
- The student-athlete must keep on file and document with the Office of Compliance Services all lessons and the fees provided from those lessons during any time of the year.
- The student-athlete may not use his or her name, picture or appearance to promote or advertise the availability of fee-for-lesson sessions.

_____ _____

Student-Athlete Signature Date

SECTION THREE

This section to be completed prior to working a camp or clinic

Camps/Clinics Employment

Is this camp a CU Institutional Camp? Yes or No (Any camp owned/operated by CU or its employees)

Camp Name: _____ Camp Governing Institution/ Affiliation: _____

Camp Location: _____ Camp Sport: _____ Wages/Salary: $_____

Duties at Camp/Description: _____

Will you receive travel expenses? Yes or No

Written Statement

By signing below, I confirm my knowledge of and agree to abide by the NCAA Bylaws of 13.12.2, which are specified as follows:

- A student-athlete may not participate in organized practice activities during the camp (unless in playing season).
- Compensation must be at a rate that is commensurate with the going rate for camp or clinic counselors with similar teaching ability and camp/clinic experience.
- A student-athlete may not conduct their own camp.
- Student-athletes may not be compensated when only lecturing/demonstrating at a camp/clinic.

_____ _____

Student-Athlete Signature Date