



New Employment Checklist

This employee has completed the new employee orientation within five (5) working days of the issue date. The employee has reviewed policies and procedures in each Athletic Department Office and met with the proper personnel in each of the following areas:

Employee Name _____ SS#/T-Number _____

1.0 Athletic Office Manager

Date _____ Signature _____

2.0 Faculty Athletic Representative

Date _____ Signature _____

3.0 The Compliance Office

Date _____ Signature _____

I sign below acknowledging my understanding that I am subject to all NCAA and SWAC rules and regulations. I agree to abide by all rules and will seek assistance when necessary through the TSU Athletic Compliance office staff.

New Employee Signature

Date

***This completed form will be stored in the employees file in the Athletic Department during their tenure at TSU.*