



# STUDENT-ATHLETE EMPLOYMENT AGREEMENT

Office of Athletic Compliance

*This form is to be completed by all student-athletes employed during the academic year. The form should be completed and approved prior to the start of employment.*

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

T-Number: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Hourly or Weekly Pay Rate: \$ \_\_\_\_\_

Brief Description of Job Responsibilities: \_\_\_\_\_

Did a member of the athletics department or a representative of South Alabama's athletics interest assist in arranging the employment?  Yes  No

If yes, please explain: \_\_\_\_\_

Payment will be made by (check all that apply):  Check  Cash  Tips  Other: \_\_\_\_\_

Will payment be made on a commission basis?  Yes  No

By signing below, the student-athlete agrees to the follow conditions as set forth in NCAA Bylaw 15.2.7:

1. The student-athlete may not receive any remuneration for the value or utility that he/she may have for the employer because of his/her publicity, reputation, fame or personal following that he/she has obtained because of athletics ability;
2. The student-athlete must be compensated for work actually performed;
3. The student-athlete must be paid at a rate commensurate with the going rate in that locality for similar services;
4. If requested to do so, the student-athlete must make available for review copies of all earnings statements and other records related to this employment.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

*I agree to allow the above named student-athlete to be employed during the academic year.*

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Compliance Office

\_\_\_\_\_  
Date