



Auburn Athletics Compliance Office SA On- & Off-Campus Employment Approval Form

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: _____

Banner ID: _____ Sport: _____

Cell Phone Number: _____ E-Mail Address: _____

Period of Employment: Academic Year Vacation/Summer

Date Employment Begins: _____ Date Employment Ends: _____

Name of Employer/Company/Business: _____

Employer/Company/Business/Address: _____

Name of Supervisor: _____ Supervisor Telephone: _____

Supervisors Job Title: _____ E-Mail Address: _____

Rate: \$_____ per (check one) hour day week month Payment Method: Check Cash Tips

Brief Description Responsibilities: _____

How Did You Obtain Or Find Out About This Job: _____

Do You Receive Any Employment Benefits (i.e., discounts, meals, transportation): _____

By affixing signatures below, both 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 publicity, reputation, fame or personal following he or she has obtained because of athletics ability;**
- **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; and**
- **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 an authorized representative from the Auburn Compliance Office, the NCAA or Southeastern Conference Office.**

Signature of Student-Athlete

Date

Signature of Supervisor

Date

Compliance Signature

Date

cc: Employer
Coach
Academic Counselor