



This form should be completed and returned to the Office of Compliance Services (OCS) any time a student athlete accepts employment for compensation and/or is involved in any type of employer-employee relationship. Student-athlete employment is not properly registered until this form is complete, signed and received by OCS.

*NCAA Bylaw 12.4.1* - Compensation may be paid to a student-athlete:

(a) Only for work actually performed; AND

(b) At a rate commensurate with the going rate in that locality for similar services. Bylaw 12.4.1.1 clarifies that such compensation may not include remuneration for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she obtained because of athletics ability.

*NCAA Bylaw 12.4.1.1* - such compensation may not include any remuneration for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he or she has obtained because of athletics ability.

#### **EMPLOYMENT AGREEMENT:**

I agree that if I accept a position through the University of South Carolina Student-Athlete Employment Program, I am obligated to represent myself and the University of South Carolina by diligent work habits, honest communication, and respectful conduct toward my employer at all times. If either my employer or I wish to end my employment, I will immediately communicate with OCS when such action is taken.

I also agree to abide by the following procedures:

- I understand that I am responsible for the accuracy of my time records and pay.
- I understand that I will be paid only for actual hours worked and that my pay is based upon a rate that is the same rate paid to other employees doing similar work in that area.
- I will not accept any benefits or privileges that are not available to other employees doing similar work, including transportation provided or arranged by my employer to or from my place of employment.
- I understand that I am to be treated in the same manner as any other employees doing similar work.
- I will immediately report to the Associate Athletics Director for Compliance any improper privileges or benefits offered to me or received by me.
- I understand that my work will be supervised and that if my work is not satisfactory, or if I fail to appear on time and regularly, my job will be terminated either by the employer or the University.
- I understand that the Associate Athletics Director for Compliance will, from time to time, contact my employer to evaluate my employment. In that regard, by signing this employment agreement, I give my permission for my employer to release any and all employment records or documents to the University or its authorized representatives.
- I understand that by signing below I am indicating that I have attended a Student-Athlete Compliance Spring Checkout Meeting, which reviewed the summer employment rules and regulations.
- I understand that I am responsible for notifying OCS immediately if I change jobs, start a new job, or am no longer employed.
- I understand that I cannot give complimentary admissions to my employer.



**Employment Registration:**

Student-Athlete employment is not properly registered until this form is complete, signed by you, and received by the Office of Compliance Services. **You can mail this form to: The University of South Carolina Department of Athletics, Office of Compliance Services, 1304 Heyward St., Columbia, SC 29208 or fax the completed form to (803) 777-9070.**

Student Athlete Name (print):	Cell Phone Number:	Sport:
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**Employment Status:**

Will you have a job during this academic year?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not yet <input type="checkbox"/> No
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**Please provide the following employment information:**

Place of Employment:	
Employers Address (Street, City, State, and Zip Code):	
Supervisor's Name:	Supervisor's Telephone number:
Supervisor's Email:	Approximate Dates of Employment:
Rate of Pay: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> commission <input type="checkbox"/> salary <input type="checkbox"/> other _____	
Description of job responsibilities:	
How did you find out that this job was available?	

**In completing this form:**

- I certify that all of the information provided above is accurate.
- I agree to all of the above required conditions and procedures.
- I give my permission for my employer to release any and all employment records or documents to the University or its authorized representatives.

*I have read and understand the applicable Southeastern Conference and NCAA regulations and institutional policies and procedures. I certify that the information I provided is complete and correct. I authorize the institution to share this information with the Southeastern Conference and the NCAA.*

Signature of Student-Athlete	Date
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