

# LIPSCOMB ATHLETICS COMPLIANCE PROGRAM STUDENT-ATHLETE EMPLOYMENT FORM

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

## EMPLOYEE VERIFICATION SECTION (to be completed by student-athlete)

### EMPLOYER INFORMATION:

### STUDENT-ATHLETE INFORMATION:

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed:

Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Projected Hours/Week That You Will Work: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Method of Payment (circle one): Hourly / Salary / Commission      Amount: \$ \_\_\_\_\_

Did a member of the athletics department or a representative of athletics interest assist in arranging this employment? \_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please explain:

## GUIDELINES GOVERNING STUDENT-ATHLETE EMPLOYMENT

By signing this statement, the student-athlete agrees that:

- All compensation received by a student-athlete may only be received for work actually performed and must be at a rate commensurate with the going rate in that locality for similar services.
- Such compensation may not include any payment for value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following that he/she has obtained because of athletics ability.
- 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 will immediately report to the Asst. AD for Compliance any improper privileges or benefits offered to me or received by me.
- I understand the Lipscomb University Athletics Department will from time to time contact my employer to evaluate my employment. By signing this agreement, I give permission for my employer to release any and all employment records or documents to the University Athletics Department.
- For fee-for-lesson employment (if applicable), institutional facilities cannot be used, playing lessons shall not be permitted, and the compensation must be paid by the lesson recipient (or recipient's family) and not by another individual or entity.
- For summer camp employment (if applicable), the student-athlete must perform duties of a general supervisory nature, any coaching or officiating assignments shall represent not more than 50% of the work time, a student-athlete who only lectures or demonstrates may not receive compensation for his/her appearance at the camp/clinic, and a student-athlete with remaining eligibility is not permitted to conduct his/her own camp/clinic.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Return Completed Form to Compliance Office: Fax # 615-966-1806**

### COMPLIANCE OFFICE USE ONLY

\_\_\_\_\_  
Compliance Office Signature

\_\_\_\_\_  
Date