



**Student-Athlete Employment Agreement**  
 Valparaiso University Office of Athletics Compliance

Please complete this form before beginning any employment and return to the Compliance Office.

**A. Student-Athlete Information**

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employment Period (Please check one)                      Summer                      Academic Year

**B. Employment Information**

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

Name of Supervisor \_\_\_\_\_

Supervisor Contact (email or phone) \_\_\_\_\_

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

Date Employment Starts \_\_\_\_\_ Date Employment Ends \_\_\_\_\_

Rate and Method of Pay \_\_\_\_\_ Approximate Hours of work/week \_\_\_\_\_

***Brief Description of Job Responsibilities***

How did you hear about this job?

How did you apply for this job (e.g., application, interview, other)

**C. Written Statement**

By signing below, I agree to abide by NCAA Bylaw 12.4.1 and affirm the following:

- I cannot be paid on the basis of my athletics ability or reputation;
- I can only be paid for work that I have actually performed;
- I can only be compensated at a rate commensurate with the going rate in this locality for similar services;
- I will not take any benefits not available to other employees;
- I will not endorse a company, my employer or any commercial product or service;
- My employer will not publicize my employment or use my name or picture to advertise or promote the organization; and,
- I will make available, if requested, copies of all records related to my employment.

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