



STUDENT-ATHLETE EMPLOYMENT FORM

ATHLETIC COMPLIANCE

 ACADEMIC YEAR SUMMER

Employer Information (To be completed by Employer)

Person Completing Form: _____

Place of Employment: _____

Business Address: _____

Employed Student-Athlete's Name: _____

Student Job Title and Job Description: _____

Dates of Employment: _____

Hourly or Weekly Pay: _____

Type of Payment (e.g., check): _____

I verify that the above student-athlete is being paid at the same rate as other employees performing similar work.

Please check this box, if you are or ever have been a season ticket holder for any UNO athletic team.

Please Read the following statement before signing this form:

1. I understand the student-athlete named above has a release permitting me to provide the employment information requested.
2. I understand that the student-athlete named above can only be compensated for work actually performed.
3. I understand that the student-athlete named above cannot be paid more than the going rate in the locality for similar services.
4. The above information regarding this student-athlete's employment was completed to the best of my knowledge.
5. If any of the information listed changes, I will notify the University of Nebraska Omaha Athletic Compliance Office immediately at (402) 554-3751.

Employer Signature

Employer's Name: _____

Employer's Title: _____

Employer's Signature: _____

Date: _____