

Student-Athlete Information

Student-Athlete Name: _____ Sport: _____

Email Address: _____ C#: _____

Choose One:

Month/Year Beginning

Month/Year Ending

- | | | |
|---------------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Summer Employment ONLY | _____ | _____ |
| <input type="checkbox"/> Academic Year Employment ONLY | _____ | _____ |
| <input type="checkbox"/> Summer <u>and</u> Academic Year Employment | _____ | _____ |
| <input type="checkbox"/> Official UM Vacation Period (Winter break, etc.) | _____ | _____ |

Employer Information

Company Name: _____ Company Phone: _____

Employer's Address: _____
(Street) (City, State) (Zip)

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Email: _____ Supervisor's Phone: _____

Compensation Information: (Check One)

Wages/Salary (specify per hr/wk/month: \$ _____
* Or average tips/commission (specify per hr/wk/month)

- Cash Tips
 Check Commission
 Other: _____

Approximate # of hours of work per week: _____

Who provides transportation to/from work? _____

Did anyone assist you in getting this job? (If yes, who): _____

What are your duties/responsibilities for this job? _____

Student-Athlete Signature: _____ Date: _____

Coach Signature: _____ Date: _____

This Section to be Completed by the Compliance Office

Student has signed Student-Athlete Agreement Date: _____

Employer Confirmation Form has been sent to Employer Date: _____

Completed Agreement from Employer has been received Date: _____

Compliance Signature: _____ Date: _____

Name: _____ Sport: _____

As a student-athlete at the University of Miami desiring employment, I agree to comply with the following procedures as well as all NCAA rules and regulations that are provided to all student-athletes each year.

1. 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 the area.
2. I will not accept any benefits or privileges that are not available to all other employees doing similar work, including transportation provided or arranged by my employer to or from my place of employment.
3. I will **not** miss class to perform my employment.
4. I will immediately report to the University of Miami Compliance Office any improper privileges or benefits offered to me or received by me and any NCAA rules violations of which I am aware.
5. I am not allowed to endorse, promote or market a commercial business, product or private entity.
6. I may **not** receive remuneration because of the publicity, reputation, fame or personal following that I have obtained as a result of athletics ability.
7. I affirm that I have not been hired based on my athletics ability or the value that I may have for the employer because of the athletics reputation or fame that I have achieved as a student-athlete.
8. If either my employer or I end my employment, I will immediately communicate with the University of Miami Compliance Office as soon as that action is taken.
9. I have been provided with the information detailing the NCAA rules related to student-athlete employment and agree to adhere to them.
10. By signing this employment agreement, I give my permission for my employer to release any and all employment records or documents to the University of Miami or its authorized representatives.

I understand that failure to abide by the employment program procedures and NCAA rules and regulations could result in a violation of NCAA rules and could affect my athletic eligibility and eligibility for financial aid.

Student-Athlete Signature: _____

Date: _____

Compliance Signature: _____

Date: _____