

STUDENT-ATHLETE EMPLOYMENT FORM

Please return form to CUACS@clermson.edu

Part I: Student-Athlete Employment Information (to be completed by student-athlete) Academic Year _____ Summer _____

Student-Athlete Name _____ Sport _____

Company Name _____

Company Address _____
(Street) (City) (State) (Zip)

Supervisors Name _____ Supervisor's Phone _____

Supervisors E-mail _____

Job Title _____

Job Description _____

Dates of Employment (From) _____ (To) _____

How did you hear about this job? _____

By signing this document, I acknowledge that I understand the terms of employment as a student-athlete. Furthermore, by signing this document, I have granted a release permitting my employer to provide employment information as requested.

Student-Athlete Signature _____ Date _____

Part II: Employer Information (to be completed by employer)

Supervisor's Name _____ Title _____

Student-athlete will be paid by (check or cash) _____ Rate of Pay (weekly/bi-weekly) _____

How was this job advertised? _____

*Please describe any special benefits/perks the student-athlete will receive as part of his/her employment (e.g., employee discount, use of company car, meals) (**Please note, student-athletes may not receive any benefits/perks that are not available to other employees who perform comparable work).* _____

I verify that the above student-athlete is being paid for work actually performed.

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

I verify that the above student-athlete is not being paid for value or utility the student may have for the employer because of the publicity, reputation, fame or personal following that he/she has obtained because of athletics ability.

I am a member of IPTAY and/or a season ticket holder for a Clemson athletics

Please read the following statement before signing this form

- I understand that the student-athlete named above can only be compensated for work actually performed and at a rate commensurate with the going rate for similar services and cannot accept any benefits or services that are not available to other employees who perform comparable work (e.g., use of a company car).
- The student-athlete must provide his/her own transportation, and the employer will not transport the student-athlete to and/or from work.
- The above information regarding this student-athlete's employment is complete and accurate.

I certify that I have read and clearly understand the above information. I understand that failure to adhere to these guidelines could result in the student-athlete losing athletics eligibility and financial aid.

Supervisor's Signature _____ Date _____