



Longwood University Student-Athlete Employment

Name _____ Sport _____

Name of Employer _____ Phone _____

Employer Address _____ On- Campus

_____ Off- Campus

Supervisor's Name _____

Rate of Pay _____ Hours worked per week _____

Job Title _____ Type of work _____

Was any member of the Athletic Department or representative of the University's athletics interests involved in arranging your employment?

Yes No

If yes, please describe _____

WRITTEN STATEMENT – STUDENT-ATHLETE

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

- The student-athlete may not receive any enumeration for the value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following he or she has obtained because of athletics ability;
- The student-athlete is to be compensated only for work actually performed;
- The student-athlete is to be compensated at a rate commensurate with the going rate in that locality for similar services;
- The student-athlete will make available for review and inspection, by an authorized representative at the NCAA or Longwood University, copies of all documents, earnings statements and other records related to employment.

Signature of Student-Athlete

Date

Assistant Athletic Director

Date