

OREGON STATE UNIVERSITY

Student-Athlete Employer Form

This form is to be completed by all employers prior to the start of employment by a student-athlete.

Name of Student-Athlete: _____ Sport: _____

Employer: _____ Job Title: _____

Address: _____ City/State/Zip: _____

Date employment starts: _____ Date Employment Ends (If known): _____

Brief description of job responsibilities: _____

Period of Employment: Academic Year: Fall Quarter: ___ Winter Quarter: ___ Spring Quarter: ___

Vacation Periods: Thanksgiving: ___ Winter: ___ Spring Break ___ Summer ___

How was the student-athlete aware of this employment opportunity? _____

Did a member of the Athletics Department or a representative of athletics interests assist in arranging this employment? YES or NO If Yes, please describe: _____

Rate of pay: _____ Frequency of Payment: _____

Payment will be made by (check all that apply): Check Cash Tips Other: _____

Payment will be made on a commission basis: YES or NO Hourly rate of pay: _____

By signing this statement, the employer agrees that:

- The student-athlete may not receive any remuneration for the value or utility that 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; and
- The employer will make available for review and inspection, by an authorized representative of the NCAA, the Pac-12 Conference, or Oregon State University, copies of all documents, earning statements, and other records related to employment.

Signature of Student-Athlete

Date

Signature of Employer

Date

**Please return this form to:
Athletics Compliance Office
Oregon State University
132 Gill Coliseum
Corvallis, Oregon 97331**