

University of South Dakota - DEPARTMENT OF ATHLETICS

STUDENT-ATHLETE EMPLOYMENT WRITTEN STATEMENT

Guidelines: This form must be completed if you are being employed on or off-campus, including both internships and employment through Federal Work-Study. **Please return this form within one week of beginning employment** to the Compliance Office in the Dakotadome (605-677-5299). Use a separate form for each position of employment.

Name of Student-Athlete:		Email Address:	
Sport:		University ID Number:	

I have a job and will receive employment income from:

Employer:		Employer Phone Number:	
Job Title\Duties:		Employer Email Address:	
Address:		City, State, Zip Code:	
Date Employment Begins:		Date Employment Ends:	
Hourly or weekly rate:		Approximate hours of work per week:	

Did a member of the athletic department or a representative of athletics interests help find this job for you?

Yes No If yes, who: _____

I certify that:

- 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 employer and student-athlete will make available for review and inspection copies of all documents, earnings statements, and other records related to the student-athlete's employment if requested by USD, the NCAA, or any conference USD is a member of.
- The student-athlete will not be provided any extra benefits not provided to other employees, including meals, transportation, or compensation based on the student-athlete's athletic reputation, fame, publicity, or athletics ability.
- The student-athlete's name or picture will not be used in any promotion or advertisement.

Point of Emphasis: *Protect the reputations of USD and the NCAA.* Serious violations most often occur in this area when a student-athlete is paid for work not actually performed. Failure to abide by this or any other of the above rules could result in penalties to **both** the student-athlete and the employer, including but not limited to: repayment of funds to charity, loss of eligibility, dismissal from squad, disassociation from USD and banishment from USD events.

Signature of Employer

Date

Printed Name of Employer

Signature of Head Coach

Date

Signature of Student-Athlete

FOR OFFICE USE ONLY: Employment Permitted: Employment Not Permitted:

Signature of Compliance Coordinator: _____