

# LSU COMPLIANCE

## NON-INSTITUTIONAL CAMP EMPLOYMENT APPROVAL FORM

Any LSU student-athlete planning to work at a non-institutional camp or clinic must complete the first page of this form prior to beginning employment at the camp or clinic.

Student-Athlete's Name	Sport		
LSU ID	Cell Phone		
Student-Athlete's Home Street Address	City	State	Zip Code

Name of Non-Institutional Camp/Clinic	Location of Camp/Clinic	Camp/Clinic Date(s)
Name of Camp Director/Contact	Contact Phone Number	Contact E-mail Address/Fax Number
Are any other LSU student-athletes working at the camp/clinic?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please indicate the name(s) of the other individual(s):</i> _____		
Will you be provided with any travel expenses for working at the camp/clinic?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please indicate the expenses (e.g., mileage, airfare, etc.):</i> _____		
Will you be provided with meals as a staff member of the camp/clinic?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please indicate how (e.g., meals provided, per diem, etc.):</i> _____		
Will you receive a stipend/salary for working at the camp/clinic?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please indicate how much you will be compensated:</i> _____		
Who, if anyone, assisted you in finding this position?	_____	

***By signing below, I agree to accept no payment beyond my actual and necessary expenses (e.g., travel, meals, lodging) based on my number of days of employment at the camp/clinic. I understand that I may only be compensated for work actually performed and at the "going rate" that all other camp/clinic staff members with similar responsibilities will receive.***

Student-Athlete's Signature	Date
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### FOR COMPLIANCE USE ONLY

**APPROVED**

**DENIED**

\_\_\_\_\_  
**Compliance Office Signature**

\_\_\_\_\_  
**Date**