

# LSU COMPLIANCE

## NON-INSTITUTIONAL CAMP EMPLOYMENT FOLLOW-UP FORM

**To be completed by the CAMP/CLINIC DIRECTOR following completion of the camp/clinic:**

Please indicate the following information regarding your employment of the related LSU student-athlete:

\_\_\_\_\_  
Student-Athlete's Name

\_\_\_\_\_  
Name of Non-Institutional Camp/Clinic

\_\_\_\_\_  
Location of Camp/Clinic

\_\_\_\_\_  
Camp/Clinic Date(s)

Was the student-athlete provided with any travel expenses?  Yes  No

*If yes, please indicate the expenses (e.g., mileage, airfare, etc.) and the amount provided:* \_\_\_\_\_

Was the student-athlete provided with any meals?  Yes  No

*If yes, please indicate how (e.g., meals provided, per diem, etc.) and the amount provided:* \_\_\_\_\_

Did the student-athlete receive lodging while working at the camp/clinic?  Yes  No

*If yes, where was lodging was provided? If cash was provided, please indicate the amount:* \_\_\_\_\_

Did the student-athlete receive a stipend/salary for working at the camp/clinic?  Yes  No

*If yes, what was the amount of the stipend/salary?* \_\_\_\_\_

What was the total amount of money provided to the student-athlete? \_\_\_\_\_

***By signing below, I attest that the student-athlete referenced above did not receive any payment beyond actual and necessary expenses (e.g., travel, meals, lodging) and that the student-athlete did not receive any tangible/intangible benefits. I confirm that the student-athlete was compensated only for work actually performed and at the "going rate" that all other camp/clinic staff members with similar responsibilities received.***

\_\_\_\_\_  
Name of Individual completing this form

\_\_\_\_\_  
Title of Individual completing this form

\_\_\_\_\_  
Phone Number of Individual completing this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\* PLEASE FAX THIS FORM TO THE LSU COMPLIANCE OFFICE AT 225-578-2430 \***