

## FORM A: STUDENT-ATHLETE EMPLOYMENT APPROVAL

**1) Student-Athlete Information:** (to be completed by the student-athlete)

Name _____	Sport _____
LSU ID _____	Cell Phone _____
<b>When will you be employed?</b> <input type="radio"/> Academic Year <input type="radio"/> Winter Break <input type="radio"/> Spring Break <input type="radio"/> Summer	
<b>How will you get to and from work?</b> <input type="radio"/> Self <input type="radio"/> Parent <input type="radio"/> Friend <input type="radio"/> Employer <input type="radio"/> Public Transportation	
<b>Anticipated Work Schedule:</b> (e.g., 9 am - 5 pm)                              _____ Sunday                              _____ Monday                              _____ Tuesday                              _____ Wednesday                              _____ Thursday                              _____ Friday                              _____ Saturday	

**2) Academic Counselor Approval:** (to be completed by the student-athlete's academic counselor)

Is this student-athlete academically eligible to compete?	<input type="radio"/> Yes	<input type="radio"/> No
Does this student-athlete have a cumulative GPA of 2.0 or better?	<input type="radio"/> Yes	<input type="radio"/> No
Academic Counselor's Signature _____	Date _____	

**3) Coaching Staff Approval:** (to be completed by the head coach AFTER the academic counselor)

Did you or any member of your staff assist this student-athlete in securing employment?	<input type="radio"/> Yes	<input type="radio"/> No
Do you approve of this student-athlete to be employed during the academic year?	<input type="radio"/> Yes	<input type="radio"/> No
Head Coach's Signature _____	Date _____	

**4) Employer Information:** (to be completed by the student-athlete AFTER receiving academic counselor and head coach approval)

Employer _____	Employer's Phone Number _____
Employer's Street Address _____	City _____ State _____ Zip Code _____
Contact Person (Supervisor) _____	Contact Person's Fax Number or E-mail Address _____
Brief Description of Job Responsibilities _____	
<b>Method of Payment:</b> (check all that apply) <input type="radio"/> Check <input type="radio"/> Direct Deposit <input type="radio"/> Cash <input type="radio"/> Tips Pay Rate (\$/hour) _____    Employment Start Date _____    Employment End Date _____	
Did anyone assist you in finding this job? <input type="radio"/> Yes <input type="radio"/> No If yes, who assisted you? _____	

## FORM A: STUDENT-ATHLETE EMPLOYMENT AGREEMENT

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As a student-athlete at Louisiana State University, I understand that if I accept an employment position, I am expected to represent myself and LSU with responsible work habits and respectful conduct. I understand that I am obligated to report any changes in my employment status to the Compliance Office immediately upon learning of them. I agree to the following conditions and will abide by the following procedures:

- 1) I am responsible for the accuracy of my time records and pay;
- 2) I understand that I will be paid only for actual hours worked and that my pay is based upon a rate which is the same rate paid to other employees doing similar work in the area;
- 3) I affirm that I have not been hired based on my athletics ability or the value that I may have for the employer because of the athletics reputation or fame that I have achieved as a student-athlete;
- 4) I will not accept any benefits or privileges that are not available to other employees doing similar work, including transportation provided or arranged by my employer to or from my place of employment;
- 5) I acknowledge that I am to be treated in the same manner as any other employee of this employer;
- 6) I will immediately report any improper privileges or benefits offered to me or accepted by me, and any possible NCAA rules violations to the Compliance Office;
- 7) If my employment is terminated or the terms of my employment are adjusted for any reason, I will report these changes to the Compliance Office immediately;
- 8) I give permission for my employer to release any and all employment records to the Athletics Department or its authorized representatives for the purpose of tracking my wage earnings; and
- 9) If requested, I agree to submit a copy of my paycheck to the Compliance Office.

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***My signature below indicates that I will abide by all NCAA rules and LSU regulations regarding my employment activities. I realize that failure to do so could result in a violation of NCAA legislation and could negatively affect my eligibility for intercollegiate competition and financial aid. I certify that the information I have provided to the LSU Compliance Office is true and correct, and that I will report any changes to this information immediately.***

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Student-Athlete's Signature

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Date