

# LSU COMPLIANCE

## FORM C: EMPLOYMENT VERIFICATION

Thank you for employing a Louisiana State University student-athlete. We hope and expect that it was a mutually beneficial experience for you and the student-athlete.

Please complete the following information regarding the wage earnings for the student-athlete that you employed. This information will assist us in verifying that the employment arrangement was in accordance with NCAA rules and regulations. Finally, please attach the student-athlete's time sheets and payroll documentation. Thank you.

Student-Athlete's Name		Student-Athlete's Job Title	
Employer		Employer's Phone Number	
Employer's Street Address	City	State	Zip Code
Employment Start Date	Employment End Date	Gross Earnings	Pay Rate (\$/hour)
Did the student-athlete also work for variable wages (i.e., tips, commission)?		<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, what type?</i> _____			
Was the student-athlete paid at the same rate as other employees performing similar work?		<input type="radio"/> Yes	<input type="radio"/> No
<i>If no, please explain:</i> _____			
Did the student-athlete receive any benefits not offered to other employees?		<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please explain:</i> _____			
Did the student-athlete receive payment only for work actually performed?		<input type="radio"/> Yes	<input type="radio"/> No
<i>If no, please explain:</i> _____			
Did any member of the LSU Athletics Department or representative of athletics interest assist in arranging this employment position?		<input type="radio"/> Yes	<input type="radio"/> No

*I hereby certify that the information I have provided to the LSU Compliance Office is true and accurate.*

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**\* PLEASE FAX THIS FORM TO THE LSU COMPLIANCE OFFICE AT 225-578-2430 \***  
**\* PLEASE ATTACH PAYROLL DOCUMENTATION AND TIME SHEETS \***