



West Virginia University Department of Intercollegiate Athletics
COMPLIANCE



Confirmation of Employment

Were you employed during the summer: YES _____ NO _____
Do you currently have a job for the academic year: YES _____ NO _____

If you indicated "yes" to either question, please complete as indicated below.

SECTION TO BE COMPLETED BY STUDENT-ATHLETE

Student-Athlete Name: _____

Sport: _____

Employer Name: _____

How this job was obtained: _____

Supervisor: _____

Address: _____ City: _____ State: _____

Email Address/ Phone Number: _____

SECTION TO BE COMPLETED BY EMPLOYER

Student-Athlete employment status: Full time _____ Part time _____ At the hourly rate of _____

Job Description: _____

Dates of Employment: _____

NCAA GUIDELINES/EMPLOYER INFORMATION

1. A student-athlete must be hired as a regular employee, maintain accurate time records and be provided supervision to assure that the work is being performed in a timely and satisfactory manner.
2. Student-athletes are paid only for the actual hours worked and in the same manner and hourly rate as the other employees. Any additional compensation must be pre-approved in writing by the Athletics Compliance Office.
3. You must treat the student-athletes in the same manner as any other employees in your organization. Student-athletes are not allowed to be paid for their value as an athlete or due to their athletic ability. You are not allowed to provide a student-athlete transportation to and from work, unless provided for other employees working similar job.
4. You should report any unsatisfactory job performance by a student-athlete to the Athletics Compliance Office.
5. Although NCAA rules do not prohibit student-athletes from working, please be aware that there are still NCAA mandated rules that need to be followed. If you have any questions, please contact the Athletics Compliance Office at 304-293-7562.

Affirmation of NCAA Rules Compliance
I, the undersigned, hereby verify that the student-athlete(s) employed by this organization are in position(s) consistent with the rules and regulations governed by the NCAA. I understand that it is my responsibility to report any violations under NCAA rules of which I am aware. I certify that the information that I have given on this document is true and complete to the best of my knowledge. I understand that providing false or misleading information may jeopardize the student-athlete(s) eligibility for practice, competition, and athletically related financial aid.

Supervisor Name: _____ Signature: _____

Date: _____

WVU ATHLETIC COMPLIANCE CONTACT:

Phone 304.293.7562/ Fax 304.293.3035/ Email athleticcompliance@mail.wvu.edu
Location Coliseum Room 218