



**Texas A&M International University  
Office of Athletic Compliance  
Student-Athlete Employment Form**

***Student Athlete Information***

Name	Phone #	TAMIU ID #	Sport	Class (FR, SO, JR, SR)
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***Employment Information***

Company Name			Supervisor's Name	
Type of Position			Supervisor's Title	
Employer's Address			Phone Number	
On or Off Campus?	Estimated Hrs / WK	Hourly wage?	Start Date	Estimated End Date
Did anyone in the athletic department help you attain this job? YES NO			Form of Payment? (Circle One) CASH? CHECK? Other?	
If yes, whom?				
Did anyone else assist you with finding this job? YES NO			Will you earn commission or tips? YES NO	
If yes, what is your relationship to this individual?				

***Required Approval Signatures***

Please review the conditions below. Your signature indicates your agreement that:

- The student-athlete may not receive any compensation based upon the publicity, reputation, fame or personal following that he or she has obtained because of athletic ability;
- The student-athlete shall be compensated only for work actually performed;
- The student-athlete shall only be compensated at a rate commensurate with employees performing similar duties in your company/business and locality;

\_\_\_\_\_  
Student-Athlete Employment

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Office of Compliance Signature/Date

\_\_\_\_\_  
Head Coach Signature/Date



## STUDENT-ATHLETE EMPLOYMENT AGREEMENT

I, \_\_\_\_\_, understand that if I am employed, I am obligated to represent Texas A&M International University by diligent work habits, honest communication and respectful conduct toward my employer at all times.

I agree to the following conditions and to 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 by only for hours worked and that my pay is based upon an hourly rate which is commensurate with the hourly rate paid to other employees doing similar work.
3. I will not accept any benefits or privileges that are not available to other employees by this employer (student-athletes MAY NOT receive any compensation based upon the publicity, reputation, fame or personal following that he or she has obtained because of athletic ability). This includes transportation arranged, meals provided, or bonuses given by my employer.
4. I will immediately report to the Office of Compliance any improper privileges or benefits offered to me or received by me.
5. I understand that the Office of Compliance will contact my employer to evaluate my employment and performance. By signing this employment agreement, I give permission for my employer to release any and all employment records or documents to the university or its authorized representatives.
6. If either my employer or I wish to end my employment, I will immediately communicate this to the Office of Compliance.

I understand that my inability to comply with any of the above procedures as well as NCAA rules and regulations could result in a violation of NCAA and/or Heartland conference rules and may result in my becoming ineligible to practice or compete in my sport.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Compliance Signature

\_\_\_\_\_  
Date