

UNIVERSITY AT BUFFALO'S DIVISION OF ATHLETICS  
Student-Athlete Employment Written Statement

Name of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

SS#/Person #: \_\_\_\_\_ Period of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Supervisor or Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hourly or Weekly rate: \$ \_\_\_\_\_ Approximate hours per week: \_\_\_\_\_

Brief Description of job responsibilities: \_\_\_\_\_

Did anyone help you to obtain this job: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify the individual:

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Payment will be made by (Check all that apply):  Check  Cash  Tips Other: \_\_\_\_\_

Payment will be made on a commission basis:  Yes  No

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By signing this statement, the student-athlete and employer agree that:

- The student-athlete may not receive any remuneration for the value or utility that the student-athlete may have for the employer because of the publicity, reputation, fame or personal following he or she has obtained because of athletic ability;
- The student-athlete is to be compensated only for work actually performed;
- The student-athlete is to be compensated at a rate commensurate with the going rate in that locality for similar services;
- The employer and student-athlete, if requested, will make available for review and inspection, by authorized representatives of the NCAA, Mid-American Conference, and/or University at Buffalo documents related to the earnings and other records related to the employment of the student athlete.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date