



**STUDENT-ATHLETE: Complete this form and return it to the Compliance Office as soon as employment is gained, prior to beginning work.** SPORT \_\_\_\_\_

Name of Student-Athlete		Social Security Number	
Street Address			
City	State	ZIP	Phone ( )

Name of Employer or Name of Summer Camp Where You'll Be Employed		
Street Address		
City	State	ZIP
Contact Person	Phone ( )	
Job Description		
Expected Dates of Employment	Number of Hours per Week/Rate of Pay	

***Please return this completed form to the Compliance Office:***

**Mailing Address**  
University of Tennessee  
PO Box 15016  
Knoxville, TN 37901-5016

**Fax Number**  
.....(865) 974-3077

**E-mail Address**  
.....nxxgt{ @utk.edu

***.....Questions? Call (865) 974-3871***