



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**.....