

# SUMMER JOB REPORT

(A separate form must be completed for each job)

Student-Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

- I did not have a summer job for the summer of 2005. (If you check this box, sign below and return.)  
 I was employed during the summer of 2005.

Company/Individual I worked for: \_\_\_\_\_

Employment Location:

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Duties: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_

Rate of Pay (Hourly/Weekly): \_\_\_\_\_

Specific Responsibilities: \_\_\_\_\_

To the best of your knowledge, was your employer or the individual who assisted in helping you find employment a Notre Dame alumnus, staff, supporter, etc. [ ] Yes, [ ] No

If yes, please provide name and university affiliation: \_\_\_\_\_

## I understand that NCAA legislation specifies that:

- § *I may not receive any compensation for the value or utility that I may have for my employer because of the publicity, reputation, fame or personal following I have obtained because of my athletics ability;*
- § *I must be compensated for work actually performed;*
- § *I must be compensated at a rate of pay commensurate with the going rate for similar services;*
- § *I may not receive any benefits that are not also available to other employees in a similar position.*

**By signing this document, I certify that the above information is true and that my summer employment conformed to NCAA regulations.**

\_\_\_\_\_  
*Signature of Student-Athlete*

\_\_\_\_\_  
*Date*

### PLEASE RETURN COMPLETED FORM TO:

University of Notre Dame  
Athletic Compliance Office  
113 Joyce Center  
Notre Dame, IN 46556  
(574) 631-8090 Phone  
(574) 631-9229 Fax