



EMPLOYMENT VERIFICATION FORM

A.
STUDENT-ATHLETE NAME _____

SPORT _____ YEAR _____

CURRENT ADDRESS _____
(street) (city) (st.) (zip)

PHONE (_____) _____ CLASS (circle one) FR SO JR SR

B.
PLEASE RESPOND TO THE FOLLOWING STATEMENTS:

- I was employed during the summer of 2008. YES / NO (circle one)
- I will be employed during the 2008-2009 academic year. YES / NO (circle one)

If you circled "NO" for both of the above statements, please skip to part D, sign your name and return.
If you circled "YES" for one or both of the above statements, please complete part C and D, sign your name and return.

C.
EMPLOYER'S NAME _____ COMPANY _____

COMPANY ADDRESS _____
(street) (city) (st.) (zip)

EMPLOYER'S PHONE (_____) _____ FAX (_____) _____

JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ to _____

NUMBER OF HOURS PER WEEK _____

FUNDING: Work Study _____ Casual _____ Off Campus _____ Other (explain) _____

PAY RATE: \$ _____/Per hour \$ _____/Per week \$ _____/Flat rate

D.
In accordance with NCAA regulations governing student-athlete employment, I certify that the above employment and compensation is on a scale comparable to others employed in the same capacity.

Employer's Signature

Student-Athlete's Signature

Date

Date

PLEASE RETURN COMPLETED FORM TO:

Juliette Kenny
Director of Compliance
Columbia University Athletics
Dodge Physical Fitness Center
3030 Broadway, Mail Code 1929
New York, NY 10027
Phone: (212) 854-8666 Fax: (212) 854-1572