

**ALL SPA EMPLOYEES, NON-EPA EMPLOYEES AND PART-TIME STAFF MEMBERS (excluding secretarial and clerical personnel):** This form must be completed by you and returned to the Athletics Compliance Office no later than September 15. The list below is not exhaustive, thus you should include any income which may be construed as "athletically related." Under NCAA rules, the Athletics Department is required to report this information to the Chancellor.

**NCAA Bylaw 11.2.2:** Contractual agreements, including letters of appointment, between a full-time and part-time athletics department staff member (excluding secretarial or clerical personnel) and an institution shall include the stipulation that the staff member is required to provide a written detailed account annually to the president or chancellor for all athletically related income and benefits from sources outside the institution. In addition, the approval of all athletically related income and benefits shall be consistent with the institution's policy related to outside income and benefits applicable to all full-time or part-time employees.

Source of Income	2008-2009 Reported/Payor
Sport Camps and Clinics	
Speaking Engagements	
Salary Supplement (outside of Athletics Department)	
Endorsement or Consultation Contracts for... <ul style="list-style-type: none"> <li>• Athletic Shoes</li> <li>• Apparel</li> <li>• Equipment</li> <li>• Other</li> </ul>	
Other (please specify)	

I did not receive any athletically related outside income this past year. Purposefully not declaring such is a violation of NCAA legislation and could result in termination. (Please check box if appropriate)

*By signing this form, I certify that I have, in good faith, declared all sources of outside athletically related income to the Athletics Director and the Chancellor of the University. I understand my obligation to disclose all sources of outside athletically related income pursuant to NCAA Bylaw 11.2.2 and realize failure to do so accurately and in good faith is a violation of NCAA legislation and could result in termination of employment.*

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 Staff Member's Printed Name

Staff Member's Position

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 Staff Member's Signature

Date

For Compliance Office Use Only: Reviewed By: _____ Date: _____
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