



Note Taker's Name: \_\_\_\_\_ Note Taker's 900#: \_\_\_\_\_

Course: \_\_\_\_\_ Campus: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester: \_\_\_\_\_

DATE	IN (Class Start time)	OUT (Class End time)	TOTAL (hours)
<b>August</b>			
19-23			
26-30			
<b>September</b>			
2-6			
9-13			
16-20			
23-27			
<b>October</b>			
30-4			
7-11			
14-18			
21-25			
28-1			
<b>November</b>			
4-8			
11-15			
18-22			
25-29			
<b>December</b>			
2-6			
9-13			

Students must return this completed and signed time sheet to Disability Services by the last day of classes. \*If you do not fill out this form completely and submit the completed form to Disability Services, you will not get paid for your services. A complete term of note taking pays \$100. If the note taker or student withdraws from class, the note taker will be paid \$50. Note takers are paid the third week into the following semester. By signing, I acknowledge the conditions set forth above and verify the information is an accurate statement of the hours worked daily.

Note Taker Signature: \_\_\_\_\_

Date: \_\_\_\_\_