



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

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

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

DATE	IN (Class Start time)	OUT (Class End time)	TOTAL (hours)
<b>January</b>			
8-12			
15-19			
22-26			
<b>February</b>			
29-2			
5-9			
12-16			
19-23			
26-1			
<b>March</b>			
4-8			
11-15			
18-22			
25-29			
<b>April</b>			
1-5			
8-12			
15-19			
22-26			
<b>May</b>			
29-3			

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: \_\_\_\_\_