



Note Taker's Name: _____ Note Taker's 900#: _____

Course: _____ Campus: _____

Instructor: _____ Semester: _____

| DATE | IN (Class Start time) | OUT (Class End time) | TOTAL (hours) |
|-----------------|-----------------------|----------------------|---------------|
| January | | | |
| 13-17 | | | |
| 20-24 | | | |
| 27-31 | | | |
| February | | | |
| 3-7 | | | |
| 10-14 | | | |
| 17-21 | | | |
| 24-28 | | | |
| March | | | |
| 3-7 | | | |
| 10-14 | | | |
| 17-21 | | | |
| 24-28 | | | |
| April | | | |
| 31-4 | | | |
| 7-11 | Spring Break | Spring Break | 0 |
| 14-18 | | | |
| 21-25 | | | |
| May | | | |
| 28-2 | | | |
| 5-9 | | | |

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: _____