



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

Course: _____ Campus: _____

Instructor: _____ Semester: _____

DATE	IN (Class Start time)	OUT (Class End time)	TOTAL (hours)
May			
27-30			
June			
2-6			
9-13			
16-20			
23-27			
July			
30-4	No classes	No classes	0
7-11			
14-18			
21-25			

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: _____