



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

Course: _____ Campus: _____

Instructor: _____ Semester: _____

DATE	IN (Class Start time)	OUT (Class End time)	TOTAL (hours)
August			
18-22			
25-29			
September			
1-5			
8-12			
15-19			
22-26			
29-3			
October			
6-10			
13-17			
20-24			
27-31			
November			
3-7			
10-14			
17-21			
24-28			
December			
1-5			

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: _____