Note Taker Timesheet

Today’s Date: _____________________________________

Name: ____________________________________

Student ID#: ________________________________________________________________

Semester: FL  or  SP  20_____  Circle Only One:   First Half    Second Half

Course Name: ________________________ Course Number: ___________

* One form per course  *Must have full and correct number

Date and Time of Course

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time of Course</td>
<td></td>
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</tr>
<tr>
<td>End Time of Course</td>
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</tbody>
</table>

Units: _____

Dear Official Notetaker,

This form is two-fold: a commitment to copying your notes diligently and a means by which you will be paid. Notetaking is a service to the Disability Resources section of Cornerstone. The notes you provide assist in the academic success of the individual in need of a notetaker, therefore, we ask that you approach this position responsibly.

Thank you for being an active part in the success of Cornerstone!

This timesheet is a legal document required by federal regulations and subject to independent audit and review. I certify that I actually worked the hours stated above.

Student’s Signature _______________________________  Date  _______________

This timesheet is a legal document required by federal regulations and subject to independent audit and review. I certify that the hours listed above fairly and reasonably represent the effort expended by the student and that the work performance has been satisfactory for this payroll period.

Supervisor’s Signature _____________________________  Date  _______________