

STUDENT NOTETAKING REPORT AUTHORIZATION

Original to: Gail Gutmann Payroll Supervisor

Pay Cycle: **Student** (BW)

Copy to: Pamela Curtin
Student
SAS

Date: _____

Class Name: _____

From: _____

Department: _____

Phone Ext: _____

Course: _____

Notes will be taken for: _____

Section: _____

 Student Name

 Student ID #

One payment - Semester End or Drop Payout (when no longer note taking)

Please pay _____ Cosmo Id: _____					
on _____ for note taking					
Account No.					
ST	1	60	93801	5094	00000
fund source	fund	loc	cc	class	project
					SM304045
					Position #
					** (\$50.00 per credit)
Gross amount to be paid: _____			for _____ credits		
<input type="checkbox"/> Additional \$20 for each additional student					

Activity description Note taking for Spring , Summer , Fall semester.

Activity Job Title NOTE TAKER - STUDENT WORKER

Start date: _____

End date: _____

Requested by Print Name _____

Number of weeks: _____

Requested by Signature _____