

Captioner's Statement

Captioner: _____
 NAME: (Last, First, M.) _____

 Home Address _____

 City State Zip Code

_____ CCSF ID

City College of San Francisco
 Disabled Student Programs & Services (DSP&S)
www.ccsf.edu/services/DSPS/
 50 Phelan Ave., Room R323, Box: R323
 San Francisco, CA 94112
 (415) 452-5481 (Voice) (415) 452-5451 (TTY)
 (415) 452-5565 (FAX) *When faxing this form, please confirm that we received it.*

Month: _____ Year: _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Student Name: _____ -----																	
Class: _____ ID#: _____ (last 4 digits):																	
Student Name: _____ -----																	
Class: _____ ID#: _____ (last 4 digits):																	
Student Name: _____ -----																	
Class: _____ ID#: _____ (last 4 digits):																	
Student Name: _____ -----																	
Class: _____ ID#: _____ (last 4 digits):																	
Student Name: _____ -----																	
Class: _____ ID#: _____ (last 4 digits):																	

Total hours:	
Pay Rate:	
Total Amount:	

The hours I've listed above were worked by me and have been accurately reported.

Captioner signature: _____ Date _____ Captioner Coordinator signature: _____