Captioner: ______________________________________  CCSF ID

NAME: (Last, First, M.)

Home Address

__________________________

City  State  Zip Code  Phone#

<table>
<thead>
<tr>
<th>Month:</th>
<th>Year:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Name:
Class:

Student Name:
Class:

Student Name:
Class:

Student Name:
Class:

Student Name:
Class:

Student Name:
Class:

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

Captioner signature: ___________________  Date _________  Department Chair signature: ___________________

Total hours:
Pay Rate:
Total Amount:

City College of San Francisco, DSPS
50 Frida Kahlo Way R323
San Francisco, CA 94112
Elizabeth Cruz (415) 452-5480
Please email to: ecruz@ccsf.edu, ogalvez@ccsf.edu, kduffy@ccsf.edu, bacakitty@aol.com