

Notetaker Information & Policy Packet

1. The student registered with Disability Services selects the notetaker and sends the selected Notetaker to Office of Disability Services to complete hiring paperwork.
2. The selected Notetaker meets with Office of Disability Services staff to complete the following forms:
 - Notetaker Aquisition
 - Confidentiality Agreement
 - Notetaker Policies
 - Student Assistant Hiring Packet – **If the selected notetaker is a first time Georgia State University student assistant, he/she must complete this packet.** The packet can be found on the Human Resources website at employees.hr.gsu.edu under New Hire/Temporary Employee & New Student Assistant.
3. First time student assistants should return the hiring packet to Human Resources. Then, the hired Notetaker submits the **orange slip** from Human Resources, within (2) business days, to the Office of Disability Services.

**Human Resources
1 Park Place 3rd floor
Atlanta, Georgia 30303**

4. Notetakers must remit completed notetaker logs to the appropriate Disability Services Office or email by the designated deadline. The log indicates dates the notes were received for the assigned class/lab.
5. The student assistant will be paid monthly.

Note:

- Current graduate assistants and student assistants are eligible to provide note taking services upon approval. **If you are currently working as a work study student, you are ineligible for hire as a note taker.**

Notetaker Acquisition Form

Hire Date: _____

Congratulations! You have been selected to serve as the notetaker for the approved student/class named below. Please complete this form and return to the Office of Disability Services.

Please note: This form along with the Notetaker Policies Form are required before compensation begins.

Notetaker: _____ Panther ID: _____

Phone Number: _____ Email: _____

Semester/ Year: _____ Course: _____ Professor: _____

Class Days (check): MON TUE WED THU FRI Sat Time: _____

Name of Approved Student(s)/Designee: _____

Duties include:

- Take detailed notes
- Write legibly or type notes
- Ability to attend class regularly
- Commit to providing the approved student with class notes within 24 hours of class

Pay rate: \$ 8.00 per hour– paid monthly

****ACKNOWLEDGMENT AGREEMENT****

I have read and agree to the above notetaker duties for the assigned class.

Notetaker Signature: _____ Date: _____

OFFICE USE ONLY

Date Issued to Approved Student: _____ Date Returned to ODS: _____

Notetaker Policies/Log: Yes No HR completed: _____ Hiring Process Complete: _____

ODS Staff: _____ Approved by: _____

CONFIDENTIALITY AGREEMENT

The conduct you display must be professional since you are regarded as an employee of the Office of Disability Services. You will conduct yourself in a manner as you would in any professional work environment. This conduct includes, but is not limited to, being: prompt, reliable, dependable, and responsible with your work and behavior.

It is the policy of the Office of Disability Services at Georgia State University to hold confidential **ALL** communications, observations and information made by and between or about students, faculty and staff. Anything you learn about a particular student is **NOT** allowed to be discussed beyond the doors of this office.

Information (written or verbal) will be released only by written permission of the student involved. When you receive a request for information about a student, under **NO** circumstance is information to be given out unless it is stated on the student's Release of Information Form, or cleared through the Director of the Office of Disability Services.

It is required of all staff, graduate assistants, student assistants and work-study students of the Office of Disability Services at Georgia State University, to sign a confidentiality statement. You and the permanent staff are accountable for maintaining the department's confidentiality.

Any breach of this policy will result in **IMMEDIATE** dismissal of employment with the Office of Disability Services at Georgia State University. It is also possible that there could be a civil action brought against you by the student.

By signing and dating below, you agree to the above conditions, especially in regards to the issue of confidentiality for the period starting _____.

PRINT NAME: _____ STUDENT ID#: _____

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

Notetaker Policies
(Hired student)

On behalf of the Margaret A. Staton Office of Disability Services, we wish you success this semester. In order to serve our students better, you must adhere to the following policies:

1. If applicable, hired notetakers must complete new hire paperwork. Failure to complete new hire paper work prior to submitting logs could delay payment for 30 days.
2. Notetakers are expected to attend class/lab on a regular basis. If the notetaker cannot attend the class, it is the notetaker’s responsibility to find a replacement to take notes for that class/lab session or make arrangements to obtain notes for the missed class/lab and forward them to the student. The notetaker must notify the registered student prior to the class, or if the registered student has chosen to remain anonymous the notetaker will notify the instructor.
3. Notetakers agree to provide student(s) with a legible copy of his/her detailed notes within 24 hours of each class. The student/instructor and notetaker will determine the method of delivery.
4. Notetaker must have student/instructor sign notetaker log for each set of notes given to the student. The student registered with Disability Services or instructor is the notetaker(s) immediate supervisor. Report any issues related to notetaker duties to the student/instructor. Report delays in compensation to Disability Services.
5. Notetakers are hired as **student assistants** and are **paid monthly at a rate of \$8** per hour.
6. Notetaker logs are due to Disability Services office by the assigned date. Notetaker logs received late may result in delayed or forfeited payment.

By signing below, you agree to adhere to policies above. Contact Disability Services with any questions or concerns.

Course Information _____ **Registered Student** _____

_____ **Print Name**

_____ **Panther ID#**

_____ **Date**

_____ **Signature**

_____ **Email (GSU account only)**

_____ **Phone Number**

NOTETAKER LOG

Notetaker Printed Name _____ Notetaker GSU ID _____

Course _____ Instructor _____

Semester _____ Spring _____ Summer _____ Fall _____ Year 20 _____

DATE MTH/DAY/Y	NOTES RECEIVED YES	REGISTERED STUDENT –OR– INSTRUCTOR SIGNATURE
Comments:		

By signing this document, I certify that I have provided the registered student/instructor with a legible copy of class notes.

Notetaker Signature: _____ Date: _____