

Student Disability Center

160 South Silo, UC Davis
(530) 752-3184 voice
(530) 752-6833 TTY
(530) 752-0161 fax

NOTETAKER STIPEND

\$25.00 PER UNIT

Quarter _____ Year _____

You will be paid \$25.00 per unit if you provide notes for a class for the entire quarter. This stipend covers all copying costs. If you are providing notes for two students in the same class, you will receive the class stipend plus an additional \$25 to cover the extra copying costs. You are responsible for having the SDC student(s) initial below, certifying that they have received notes for each week of the class. You, and the SDC student(s), must sign this form promptly after you agree to provide notes. Return this form to the SDC before the end of finals week in order to receive payment.

Please print clearly in blue or black ink.

Notetaker's Name _____ Soc. Sec. # _____
NOT UCD ID#

Mailing Address _____
Street or PO Box City State Zip

Phone _____ California Resident? Yes No

E-Mail _____ UCD Employee? Yes No

List all classes with their unit values for which you are providing notes. The SDC student(s) must certify receipt by recording the total number of weeks they received notes along with their initials for each class. Payment will not be processed if this information is incomplete.

Course Abbr./Name of Class	Units	SDC Student's Name (list all students receiving notes)	# of wks	Initials

WE AGREE TO THE TERMS ABOVE.

Notetaker Signature: _____ Date: _____

SDC Student Signature: _____ Date: _____

Printed: _____

SDC Student Signature: _____ Date: _____

(if second student)

Printed: _____

Office Use: Entry Date: _____ Initials: _____ Record # _____

Comments: _____