

NAME: _____ PRODUCTION COMPANY: _____ WEEK ENDING: _____

SSN: _____ PRODUCTION TITLE: _____

OCCUPATION : _____ OCCUPATION CODE: _____

RATE: \$ _____ PER HOUR DAY WEEK On Production

GUARANTEED HOURS: _____ PER DAY WEEK Off Production

WORKED AT:
 Studio
 Nearby Bus to
 Nearby Drive to
 Distant (Overnight) Location

COMMENTS: _____

DAY	DATE	CALL TIME	1ST MEAL		2ND MEAL		WRAP TIME	STRAIGHT TIME	1 1/2 X	2 X	OTHER	TOTAL
			OUT	IN	OUT	IN						
S												
M												
T												
W												
T												
F												
S												
TOTAL												

FOR PAYROLL USE ONLY			
PAY CODE	HRS	RATE	AMOUNT

REIMBURSEMENT - MISC ACCOUNT #		BOX RENTAL ACCOUNT #		MILEAGE ACCOUNT #	
TAXABLE	NON-TAXABLE	TAXABLE	NON-TAXABLE	TAXABLE	NON-TAXABLE
\$	\$	\$	\$	\$	\$

Did you have a work related injury? Yes No

DEDUCTIONS:			
CODE	DESCRIPTION	AMOUNT	ACCOUNT#

EMPLOYEE SIGNATURE **X** _____

APPROVED **X** _____

Production Company and Employee acknowledge by signing this Time Card that if no hours are listed only the guaranteed hours or eight hours per day will be recorded as worked.



Los Angeles
(818) 848-9200

New York
(212) 675-4600

Crew Time Card