



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
Change of Address (Complete Section A)
Change of Exemptions (Complete Section A & Form W-4)
Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE / PROJECT COST CODE

EMPLOYEE NAME S. S. # START DATE OCCUPATION UNION

EMPLOYEE ADDRESS NO. STREET APT. #

CITY STATE ZIP

PHONE BIRTHDAY SEX M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day

Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE

X

AUTHORIZED SIGNATURE

X

CHECK ONE: UNION NON UNION

RATE OF PAY:

\$ PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming
4. Additional amount, if any, you want withheld from each paycheck
5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE 20.

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
2. An alien lawfully admitted for permanent residence (Alien Number A
3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A, or Admission number, expiration of employment authorization, if any)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE PREPARER TRANSLATOR CERTIFICATION TRANSLATOR SIGNATURE PRINT NAME
DATE ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
2. Certificate of United States Citizenship
3. Certificate of Naturalization
4. Unexpired Foreign Passport with attached Employment Authorization
5. Alien Registration Card with Photograph

Document Identification

Expiration Date: (If any)

List B Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
2. U.S. Military Card
3. For minors under the age of 16, School ID with photo
4. Other (Specify document and issuing authority)

Document Identification

Expiration Date: (If any)

List C Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
3. Unexpired INS Employment Authorization (Specify Form)

Document Identification

Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER

X

ABS Payroll