CAPS A Cast & Crew Company		2300 EMPIRE AVE., 5TH FLOOR BURBANK, CA 91504 1560 BROADWAY, SUITE 701 NEW YORK, NY 10036			□ NON-UNION □ UNION - SAG/AFTRA □ WAIVER/TAFT HARTLEY		EXTRA En STAND-IN PHOTO DOUBLE SPECIAL ABILITY			NPIOYER: New C.A.P.S., LLC, FEIN: 27-4217142 EXTRA VOUCHER VIEW PAYSTUBS: MY.CASTANDCREW.COM OTHER INQUIRIES: 818-860-7756		
DATE WORKE	D PRODU	CTION COMP				PROD	UCTION TITLE			OTHER	INQUIRIES: 8	TYPE OF CALL
NAME (LAST) (FIRS')	(M.I.)	(M.I.) SOCIAL SECOR			RITY # (MUST be provided in order to be paid)			
STREET ADDRE	SS			APT #	CHECK BOX IF NEW ADDRESS	SEND TO AGENT	AGENT NAME		1			
CITY STATE					ZIP	ESS						
PHONE NUMBER G				GENDER	□ M CITY □ F			STATE ZIP				
WORK STATE	WORK ZIP CODE	BASIC WA	GE RATE		STARTING TIME AM PM				DISMISS AM PM	AL TIME		
NON-DEDUCTIBLE BREAKFAST 1S			1ST ME	MEAL		2ND MEAL			·	TOTAL HOURS	API	PROVED FOR PAYMENT
START WARDROBE	FINIS	H AUTO		START	FINISH	START			FINISH			
WARDROBE	MILEAGE	AUTO		WET	WALKAWAY \$			DC) NOT W	RITE IN T	HIS SP	ACE 🔻
PROPS	MEAL PENALTY	FITTING		SMOKE NIGHT PREMIUN	BUMP \$		PYMT TYPE		HOURS	AMOUNT		ACCOUNT CODE
					ALLOWANCE \$		DAY					
COMMENTS		I			1		1.5					
							2.0					
"I agree to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full for all services heretofore rendered by me for New C.A.P.S., LLC. I further agree that the said sum, less all deductions required by law, may be paid												
to me by negotiable cack issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law." "I hereby give and grant to the company named all rights												
of every kind and character whatsoever in and to all work heretofore done, and all poses, acts, plays and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and												
to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give												
and grant to the said company the right to reproduce in any manner whatsoever any recordations heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and												
					to me for the original taking."	eturn to work and						
By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur. By signing this form, I certify that I have reviewed the information on this record and it accurately reflects all my start and stop times of work in this period,												
and, unless noted above, I further certify that I have taken all meal and other breaks that I am entitled to for this period, THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.												
	Alinor, Parent or Guard				SETTORTADOVE.		-					
X							WET/					
EMAIL ADDRESS							SMOKE TOTAL					
							PAYMENT ►					

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