



Los Angeles | 818.558.32* %
 Detroit | 248.584.4428
 New York | 212.871.6200

PLEASE PRINT LEGIBLY TO ENSURE ACCURACY

NON-UNION

► Check with TEAM if you have questions about Non-Exempt/Exempt status or CA rate reporting requirements.

Production Co:		Job Number and/or Job Name:				Location (City, State, Zip Code where worked):							
Last Name:		First Name & MI (if any):		Social Security Number:		D.O.B. (for IA & Minors):		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Telephone:		Email:	
US Corp/Loan-Out Name (if applicable – US Corporations only):				Federal ID No.		State of Inc:		State ID No.		Indicate ALL States where Corp is qualified:			
Ethnicity (Optional): <input type="checkbox"/> Asian/Pacific Islander (01) <input type="checkbox"/> Black/African American (02) <input type="checkbox"/> Caucasian (03) <input type="checkbox"/> Latino/Hispanic (04) <input type="checkbox"/> Native American Indian (05) <input type="checkbox"/> Performer w/ Disability (06) <input type="checkbox"/> Other (07)												<input type="checkbox"/> Check if under 18 years of age.	
Mailing Address:						Unit or Apt. #:		City:		State:		ZIP/Postal Code:	
Permanent Address (if different from above):						Unit or Apt. #:		City:		State:		ZIP/Postal Code:	

PHBP: <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-EXEMPT EMPLOYEE - Please indicate Hourly Rate or 8 Hour rate for work in CA								EXEMPT EMPLOYEE							
Occupation/Job Category:		PAY RATES		HOURLY OR 8 HOUR RATE		DAILY OT (Required in CA)		Enter Multiplier - % or X		WEEKLY OT (Can be used for states other than CA)				DAILY RATE		WEEKLY RATE	
		\$ _____		OT after _____		Hours @ _____		<input type="checkbox"/> Weekly OT after 40 hours <input type="checkbox"/> 1.5X: \$ _____ <input type="checkbox"/> 2.0X \$ _____ after 40 hrs <input type="checkbox"/> Other: X OR % / \$ _____ after 40 hrs				\$ _____ (per Day)		\$ _____ (per Week)			
		<input type="checkbox"/> Per Hour <input type="checkbox"/> 8 Hour Rate		OT after _____		Hours @ _____											

START DATE:			WEEK ENDING:														TOTALS **ACCOUNTING USE ONLY**			
Date	In	From	To	Wrap	Total Hours	Travel / Idle	REG 1X 100%	1.5X 150%	1.5XP	2X 200%	2XP	M.P.	Acct #	Remarks:	Type	Hours	Rate	Total		
Sun		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			1X					
		2										2								
Mon		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			1.5X					
		2										2								
Tue		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			2X					
		2										2								
Wed		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			2X					
		2										2								
Thu		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			MP					
		2										2								
Fri		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			MP					
		2										2								
Sat		1				<input type="checkbox"/> T <input type="checkbox"/> I						1			MP					
		2										2								

Notes/Comments:						TOTALS:												\$	
						ADVANCE		BOX KIT RENTAL		CAR ALLOWANCE		MILEAGE		PER DIEM		REIMBURSEMENT		OTHER	
						ACCT # #		#		#		#		#		#		#	
						NON-TAXABLE \$		\$		\$		\$		\$		\$		\$	
						TAXABLE \$		\$		\$		\$		\$		\$		\$	

◆ Additional terms and information on the back side (pg 2) of time card. Read Carefully. By signing timecard you are agreeing to all terms, front and back.

GRAND TOTAL: \$

Employee: My signature below indicates that I have reviewed this timecard, both front and back, and all of the information is true and correct and I acknowledge and agree to the terms on both sides. If I am being paid via a corporation, I confirm that I have read, understand, affirm, and agree to the information regarding payments to corporations. Additionally, by signing this timecard, I agree that TEAM may take deductions from my earnings to adjust for previous or future overpayments, if and when such overpayments occur.

◆ Timecard must be signed. Timecard is not valid unless signed and approved.

This form is for information purposes only and is neither a guarantee of employment, nor a contract of employment.

Employee Signature (if under 18, parent or guardian must sign):		Approved By:		Name & Title:		Date:	
Date:		Approved By:		Name & Title:		Date:	

