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**PLEASE PRINT LEGIBLY TO ENSURE ACCURACY**

**NON-UNION  
TIME CARD**

PRODUCTION CO.		JOB NUMBER AND/OR JOB NAME			LOCATION (City, State, Zip Worked)	
EMPLOYEE NAME		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	TELEPHONE	EMAIL	
LOAN OUT CO (if applicable)		LOAN OUT FED ID NUMBER	STATE OF INC	CELL PHONE OR ALT PHONE	OCCUPATION	
<b>PAY RATES</b>	<b>NON-EXEMPT EMPLOYEE – Please indicate Hourly Rate or 8 Hour rate for work in CA</b>				<b>EXEMPT EMPLOYEE</b>	
	HOURLY OR 8 HR RATE	DAILY OT – required in CA	Enter Multiplier - % or __X	WEEKLY OT – Can be used for states other than CA		DAILY RATE
	\$	OT after	Hours @	<input type="checkbox"/> Weekly OT after 40 hrs		\$
	Per <input type="checkbox"/> Hour <input type="checkbox"/> 8 Hrs	OT after	Hours @	<input type="checkbox"/> 1.5X: \$ <input type="checkbox"/> 2.0X \$		(per Day)
	OT after	Hours @	<input type="checkbox"/> Other: X OR % / \$		(per Week)	

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

Day	Date	Time In	Meal Break		Time Out	TOTAL HOURS	REG 1X 100%	1.5X 150%	1.5XP	2X 200%	2XP	MEAL PENALTY	ACCT #	COMMENTS
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														

<b>NOTES:</b>	<b>TOTALS</b>						<b>GROSS PAY</b>	
		ADVANCE	BOX KIT RENTAL	CAR ALLOWANCE	MILEAGE	PER DIEM	REIMBURSEMENT	OTHER
	ACCT #	#	#	#	#	#	#	#
	NON-TAXABLE	\$	\$	\$	\$	\$	\$	\$
	TAXABLE	\$	\$	\$	\$	\$	\$	\$
<b>GRAND TOTAL</b>							<b>\$</b>	

**PLEASE NOTE: TEAM acts as Employer of Record solely for purposes of payroll, taxes, unemployment insurance, and workers' compensation coverage (if applicable). The entity you work with directly (ad agency, advertiser, production company, record or touring company, etc.) is your primary employer for all other purposes (hiring, directing your work activities, termination, etc.)**

Employee: My signature below indicates that all of the information in this form is true and correct. Additionally, by signing this form, I agree that TEAM may take deductions from my earnings to adjust for previous or future overpayments if and when such overpayments occur.

Employee Signature:	Approved By:
Date:	Name & Title:

W-4 required if not previously paid by TEAM this year

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	<b>OMB No. 1545-0074</b>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card..... ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for _____ (current year), and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Talent, Entertainment And Media Services, Inc. dba <b>TEAM</b>		9 Office Code (optional) 10 Employer Identification Number (EIN)

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