



Los Angeles | 818.558.3261    Detroit | 248.584.4428  
 Portland | 971.803.7093    Toronto | 416.603.6144  
 Chicago | 312.982.7398    New York | 212.871.6200

**PLEASE PRINT LEGIBLY  
 TO ENSURE ACCURACY**

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

**MODEL**

Workers' Compensation Carrier: Zurich c/o Sedgwick P.O. Box 14440, Lexington, KY 40512-4440

TTC Client			Job Name			Job Number			Work Location (City, State, ZIP)		
Advertiser		Brand/Product			Expense Center			Expense Code		Photographer	
Last Name		First Name	MI (if any)	Social Security Number		DOB (if minor)	Phone Number		Email		
U.S. Corp/Loan-Out Name (if applicable - U.S. Corporations only)					Federal ID Number			State of Inc	State ID Number		
Model Mailing Address					Unit or Apt #	City			State	ZIP/Postal Code	
Model Agency		Agency Mailing Address			Unit or Apt #	City			State	ZIP/Postal Code	Agency %

<b>PAY RATES</b>	<b>NON-EXEMPT EMPLOYEE</b>							<b>Reimbursements - Must include receipts for non-taxable</b>					
	<b>HOURLY</b>			<b>DAILY OT (Required in CA)</b>		<b>Enter Multiplier - % or _ X</b>		Fitting Rate: \$ _____ per hour			Tax: \$ _____ Acct: _____		
	\$ _____			OT after _____	Hours @ _____	Hours @ _____	Hours @ _____	Travel Rate: \$ _____ per hour			Non-Tax: \$ _____ Acct: _____		
	<input type="checkbox"/> Per hour <input type="checkbox"/> ___ Guar. Hrs (up to 8 hrs in CA)			OT after _____	Hours @ _____	Hours @ _____	Hours @ _____	Use Fee*: \$ _____			Per Diem: \$ _____ per day for _____ days   <input type="checkbox"/> Meals <input type="checkbox"/> Lodging		
								*If not already included in session fee			Mileage*: \$ _____		*Mileage log must be attached or is considered taxable.

Date	In	From	To	Wrap	Total Hours	Travel/ Fitting	REG 1X 100%	1.5X 150%	1.5XP	2X 200%	2XP	M.P.	ACCT #	REMARKS
Sun		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Mon		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Tue		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Wed		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Thu		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Fri		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
Sat		1				<input type="checkbox"/> T <input type="checkbox"/> F						1		
		2										2		
<b>TOTALS:</b>														<b>Notes/Comments</b>

<b>Employer of Record:</b> TTC acts as Employer of Record on behalf of the primary employer solely for purposes of payroll, taxes, unemployment insurance, and workers' compensation coverage (if applicable). The entity you work with directly (ad agency, production company, record or touring company, advertiser, etc.), is your primary employer for all other purposes (hiring, termination, directing your work activities, etc.).										<b>GRAND TOTAL (\$):</b>		
If a Model Agency or other talent agency is listed above, my signature below (Model) is confirmation that all payments shall be sent to me in care of the agent indicated. <b>Read Carefully. By signing timecard you are agreeing to all terms.</b>										<b>If Model is under 18 years of age, parent or guardian must sign on behalf of Model below.</b> I, the undersigned, hereby state that I am the <input type="checkbox"/> parent <input type="checkbox"/> guardian of the above named Model and do hereby consent and give my permission to this agreement. I further agree on behalf of Model that Model has my permission and approval, without limitation, to appear in any and all advertising and promotional materials created from photos taken during this photo session.		
Employee: My signature below indicates that I have reviewed this timecard and all of the information is true and correct and I acknowledge and agree to the terms. 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 TTC may take deductions from my earnings to adjust for previous or future overpayments, if and when such overpayments occur. <b>Timecard must be signed. Timecard is not valid unless signed and approved.</b>										Parent/Guardian Signature: _____ Parent/Guardian Name (Printed): _____ Date: _____		
This form is for information purposes only and is neither a guarantee of employment, nor a contract of employment.					<b>Approved By</b>					<b>Name &amp; Title</b>		<b>Date</b>
<b>Employee Signature (if under 18, parent or guardian must sign):</b>			<b>Date</b>		<b>Approved By</b>					<b>Name &amp; Title</b>		<b>Date</b>