



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.

NON-UNION

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

Production Co			Job Name			Job Number			Work Location (City, State, ZIP)		
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	
Mailing Address						Unit or Apt #		City		State	ZIP/Postal Code
Permanent Address (if different from above)						Unit or Apt #		City		State	ZIP/Postal Code

PHPB: <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-EXEMPT EMPLOYEE - Please indicate 8 hour rate for work in CA								EXEMPT EMPLOYEE			
Job Classification		PAY RATES	HOURLY				DAILY OT (Required in CA)			Enter Multiplier - % or _X		DAILY RATE	WEEKLY RATE
			\$ _____				OT after	_____	Hours @	_____	\$ _____	\$ _____	
			<input type="checkbox"/> Per hour <input type="checkbox"/> ___ Guar. Hrs				OT after	_____	Hours @	_____	(per Day)	(per Week)	
							OT after	_____	Hours @	_____			

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

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

Employer of Record: 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.).											GRAND TOTAL:	\$
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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. 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.			Approved By			Name & Title			Date					
Employee Signature (if under 18, parent or guardian must sign):			Date			Approved By			Name & Title			Date		