



Los Angeles | 818.558.3261
 Portland | 971.803.7093
 Chicago | 747.200.3400

Detroit | 818.558.3261
 Toronto | 747.200.3400
 New York | 971.803.7093

**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

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"/> Per Hour <input type="checkbox"/> 8 Hour Rate		OT after _____		Hours @ _____		<input type="checkbox"/> 1.5X: \$ _____ <input type="checkbox"/> 2.0X \$ _____ after 40 hrs				\$ (per Day)		\$ (per Week)	
						OT after _____		Hours @ _____		<input type="checkbox"/> Other: X OR % / \$ _____ after 40 hrs							

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			Reg 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							
		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							
		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			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 on side 1 and 2.**

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 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.

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



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ADDITIONAL TERMS AND INFORMATION

Workers' Compensation Carrier:

AIG Domestic Claims, Inc., P.O. BOX 25977, Shawnee Mission, Kansas 66225 | 714.436.3200

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.).

Corporations:

Under penalties of perjury, as an authorized officer of the corporation named on the front side of this timecard, I certify that:

- (1) the information concerning the Corporation is true, correct, and complete.
- (2) the individual named on the front side of the timecard who is providing services to the production is a bona-fide employee of the above-named corporation.
- (3) for any and all purposes, the Corporation shall be deemed the employer of the Loan-Out employee and therefore responsible for the payment of all wages, and the withholding and/or remittance of all federal, state, and local payroll taxes.
- (4) For State of New York, it is stipulated that the Loan-Out Employee is an employee of the Corporation for purposes of section 511.1 (b) of the NY unemployment compensation laws.
- (5) A copy of the Articles of Incorporation, a completed Form W-9, a signed Corporate Indemnification Agreement, and a completed Form I-9 for the Corporation's Loaned-Out employee, signed by the Loan-Out Corporation, all must accompany this form for payments to be made to the Corporation.

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Under penalties of perjury, I certify that the information furnished on this timecard is true and correct. I am an authorized signatory for the production and I am certifying that the individual named on this timecard is an employee of the production and is not a contractor, independent contractor, or otherwise engaged in a separate business enterprise.

For work in California, the employee named on the front side of this timecard is entitled to minimum requirements for paid sick leave under California state law, and accrues paid sick leave pursuant to the requirements of CA Labor Code §245. As applicable under California law, an employee may accrue and use sick leave; has a right to request and use accrued paid sick leave; may not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and has the right to file a complaint against an employer who retaliates.