



Los Angeles | 818.558.3261
 Detroit | 248.584.4428
 New York | 212.871.6200

PLEASE PRINT LEGIBLY TO ENSURE ACCURACY

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

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:							
Union:		NON-EXEMPT EMPLOYEE - Please indicate Hourly Rate or 8 Hour rate for work in CA								ON-CALL EMPLOYEE									
Occ Code: _____		PAY RATES		HOURLY OR 8 HOUR RATE		Overtime and other payments per Union Contract unless modified at right.		DAILY OT		Enter Multiplier - % or __ X									
Occupation/Job Category:				\$ _____				OT after _____		Hours @ _____		DAILY RATE		WEEKLY RATE					
				<input type="checkbox"/> Per Hour <input type="checkbox"/> 8 Hour Rate				OT after _____		Hours @ _____		\$ _____ (per Day)		\$ _____ (per Week)					
START DATE:		WEEK ENDING:												TOTALS **ACCOUNTING USE ONLY**					
Date	In	From	To	Wrap	Total Hours	Travel / Idle <input type="checkbox"/> T <input type="checkbox"/> I	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			1.5				
		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										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:						TOTALS:												\$	
						ADVANCE		BOX KIT RENTAL		CAR ALLOWANCE		MILEAGE		PER DIEM		REIMBURSEMENT		OTHER	
						ACCT # #		#		#		#		#		#		#	
						NON-TAXABLE \$		\$		\$		\$		\$		\$		\$	
						TAXABLE \$		\$		\$		\$		\$		\$		\$	
For Corporations: Under penalties of perjury, as an authorized officer of the above-named corporation, I certify that: (1) the information concerning the Corporation is true, correct, and complete, (2) the above-named individual providing services to the production is a bona-fide employee of the above-named corporation, and (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. 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. A copy of the Articles of Incorporation, a completed Form W-9, and a completed Form I-9 for the Corporation's Loan-Out employees, signed by the Loan-Out Corporation, all must accompany this form for payments to be made.														GRAND TOTAL:		\$			
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, production company, record or touring company, advertiser, etc.), is your primary employer for all other purposes (hiring, termination, directing your work activities, etc.).																			
Employee: My signature below indicates that I have reviewed this time card and all of the information is true and correct. 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 form, I agree that TEAM may take deductions from my earnings to adjust for previous or future overpayments, if and when such overpayments occur. Time card 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:			