

This Contract is subject to all of the terms and conditions that pertain to Extra Performers of the Screen Actors Guild-American Federation of Television and Radio Artists Commercials Contract.

Date: _____
 Est. #: _____
 Job #: _____

STANDARD EMPLOYMENT CONTRACT FOR PERFORMERS ENGAGED AS EXTRAS IN AUDIO/VISUAL COMMERCIALS

Between (Producer) _____, and (Performer) _____.

Producer engages Performer and Performer agrees to perform services for Producer in Commercials as follows:

Commercial Title(s) _____ Ad-ID® No(s): _____ No. of Commercials: _____
 For Agency: _____ Engagement Date: _____
 Agency Address: _____ Place: _____ Zip: _____
 acting as agent for Advertiser: _____ Product: _____ City: _____ State: _____
 Compensation: _____ Time From: _____ To: _____

Employer of Record for income tax and unemployment insurance purposes: Talent Entertainment And Media Services, Inc. dba TEAM 901 W. Alameda Ave., Suite 100, Burbank, CA 91506

Category	Type	Adjustments
<input type="checkbox"/> Commercial Extra Performer <input type="checkbox"/> Hand Model <input type="checkbox"/> Stand-In <input type="checkbox"/> Photo Double <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unlimited Use <input type="checkbox"/> 13 Weeks Use <input type="checkbox"/> Produced for Cable Only <input type="checkbox"/> Produced for Internet Only <input type="checkbox"/> Produced for New Media Only	<input type="checkbox"/> Wet, Snow, Smoke or Dust (\$50.24) <input type="checkbox"/> Hazard Adjustment \$ _____ <input type="checkbox"/> Make-up, Skull Cap, Hair Goods (\$39.48) <input type="checkbox"/> Night Premium \$ _____ <input type="checkbox"/> Other: _____

Allowances	Vehicle & Type	Props
<input type="checkbox"/> Travel within Studio Zone (\$8.00) Payable <input type="checkbox"/> Flight Insurance (\$12.63) Payable Wardrobe to be furnished by: <input type="checkbox"/> Producer <input type="checkbox"/> Performer If furnished by Extra Performer, # of Costumes requested by Producer: Non-Evening Wear @ \$19.21 x _____ (#) Evening Wear @ \$31.99 x _____ (#) Total wardrobe fee: \$ _____	<input type="checkbox"/> Moped (\$20.17) Type: _____ Tolls \$ _____ Mileage \$ _____ Parking \$ _____ <input type="checkbox"/> Automobile (\$40.29) <i>incl. trailer/motorcycle</i> Type: _____ Tolls \$ _____ Mileage \$ _____ Parking \$ _____	<input type="checkbox"/> Bicycle (\$13.48) <input type="checkbox"/> Binoculars or Opera Glasses(\$6.15) <input type="checkbox"/> Books (\$2.78 each) <input type="checkbox"/> Camera (\$6.15) <input type="checkbox"/> Cell Phone or PDA (\$6.15) <input type="checkbox"/> Golf Clubs & Bag (\$13.43) <input type="checkbox"/> iPod or other MP3 Player(\$6.15) <input type="checkbox"/> Laptop (\$6.15) <input type="checkbox"/> Luggage (\$6.15 ea. piece) <i>includes book bags & briefcases</i> <input type="checkbox"/> Pet (\$25.68) <input type="checkbox"/> Radio - Large portable (\$6.15) <input type="checkbox"/> Skates or Skateboard (\$10.11) <input type="checkbox"/> Skis (\$13.43) <i>includes poles & boots</i> <input type="checkbox"/> Tennis Racquet (\$6.15) <i>if not already paid as part of wardrobe</i> <input type="checkbox"/> Other _____ Fee \$ _____

Extra Performer authorizes Producer to make payment to Extra Performer as follows:

To Extra Performer at W-4 address on page 2.

I am represented on this production by talent agency: _____ Agent's commission of: _____ % to be included in gross pay.

To Extra Performer c/o: (name) _____ (address) _____

SPECIAL PROVISIONS: _____
 Performer acknowledges that he or she has read all the terms and conditions in the Special Provisions herein and hereby agrees thereto.

 (Signature of Performer)

The CONFIDENTIAL INFORMATION PROVISION printed on the reverse side/page 2 hereof is a part of this contract.

All notices to Producer shall be addressed as follows:

PRODUCER (Name of Company): _____

Producer Address: _____

Producer Email: _____

Producer (Print Name): _____

SIGNED BY PRODUCER: _____

The Performer has the right to consult with his/her representative or SAG-AFTRA before signing this contract.

Performer (Print Name): _____

SIGNED BY PERFORMER: _____

MINORS ONLY
 If Extra Performer is a minor (under 21 years of age) this contract must be signed here by a parent or guardian.
 I, the undersigned, hereby state that I am the parent/guardian of the above named Extra Performer and do hereby consent and give my permission to this agreement.
 Signature of Parent/Guardian: _____ Mother Father Guardian

DATE	WORKTIME		MEALS		MAKEUP/FITTING		TRAVEL TO LOC		TRAVEL FROM LOC		PERFORMER'S INITIALS
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	

STANDARD PROVISION

CONFIDENTIAL INFORMATION
 "Confidential Information" means trade secrets, confidential data, and other non-public confidential proprietary information (whether or not labeled as confidential) including any and all financial terms of and products involved in the production and any and all scripts whether communicated orally, in written form, or electronically. Confidential information does not include information that was lawfully in Performer's possession prior to being disclosed in connection with the employment of Performer, is now, or hereafter becomes generally known to the public, or that Performer rightfully obtained without restriction from a third party. Performer acknowledges that Performer has and will become aware of certain Confidential Information. Unless otherwise required by law, Performer agrees that, without Producer's prior written approval, Performer shall hold such Confidential Information in the strictest confidence and that Performer will not disclose such Confidential Information to anyone (other than Performer's representatives in the course of their duties to Performer, which representatives shall be bound by the same restrictions as set forth in this Agreement) or utilize such Confidential Information for Performer's benefit or for the benefit of a third party. Notwithstanding the foregoing, nothing herein shall prohibit Performer from disclosing Confidential Information concerning Performer's wages, hours and other terms and conditions of employment as that term is defined under Section 7 of the National Labor Relations Act. For clarity, except as set forth above, Producer may not demand or request that Performer execute any non-disclosure agreement that has not been approved in advance and in writing by the Union.

LOAN-OUT CORPORATION Performer is working through a loan-out Corporation. ▶ Submit W-9 if incorporated.
 Corporation name: _____ FED-ID #: _____

Performer's Tel: _____ **Performer's Email:** _____

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.				
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. Note. 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 the applicable W-4 worksheet.				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for _____, and I certify that I meet both of the following conditions for exemption.				
<ul style="list-style-type: none"> • 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 ▶ 7 _____				
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 TEAM		9 Office code (optional) _____	10 Employer identification number (EIN) _____	