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 TO ENSURE ACCURACY**

**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

<b>Union</b>	<b>PAY RATES</b>	<b>NON-EXEMPT EMPLOYEE</b>								<b>ON CALL EMPLOYEE</b>	
		<b>HOURLY</b>				<b>DAILY OT (Required in CA)</b>			<b>Enter Multiplier - % or _X</b>		
		\$ _____				OT after _____			Hours @ _____		
		<input type="checkbox"/> Per hour <input type="checkbox"/> ___ Guar. Hrs				OT after _____			Hours @ _____		
<b>Job Classification</b>										<b>DAILY RATE</b>	<b>WEEKLY RATE</b>
										\$ _____ (per Day)	\$ _____ (per Week)

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		

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

**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 Loaned-Out employees, signed by the Loan-Out Corporation, all must accompany this form for payments to be made.

**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.

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.).

This form is for information purposes only and is neither a guarantee of employment, nor a contract of employment.		<b>Approved By</b>		Name & Title		Date	
<b>Employee Signature (if under 18, parent or guardian must sign):</b>		Date		<b>Approved By</b>		Name & Title	
						Date	