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 New York, NY 10012
 (212) 925-1415
Check Inquiries: (212) 925-1415 X4105

CREW TIME CARD

Employer: CAPS, LLC, FEIN: 27-4217142

PRODUCTION CO.	JOB NAME/NUMBER	UNION	CONTRACT TYPE	OCCUPATION
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EMPLOYEE NAME	M <input type="checkbox"/>	SOCIAL SECURITY NUMBER	TELEPHONE	EMAIL
	F <input type="checkbox"/>	- -		

LOAN OUT	FEDERAL I.D. NUMBER	RATE
		\$ PER _____ <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> OTHER _____

DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL 2nd MEAL	END	RATES				MP	COMMENTS
							ST	1.5X				
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												

YEAR		TOTALS										GROSS
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AICP #	BOX RENTAL	AICP #	MILEAGE NON-TAXABLE	MILEAGE TAXABLE	AICP #	ADVANCE	
	\$		\$	\$		\$	
AICP #	CAR ALLOWANCE	AICP #	PER DIEM NON-TAXABLE	PER DIEM TAXABLE	AICP #	OTHER	
	\$		\$	\$		\$	
							GROSS W/BOX RENTAL AND MILEAGE
							\$

EMPLOYEE SIGNATURE _____ APPROVED _____

Attention all CA employees: Effective 2/14/2014, CAPS, A Cast & Crew Company has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please email MPN@capspayroll.com.