



2300 Empire Ave., 4th Floor
Burbank, CA 91504
(310) 280-0755

65 Bleecker St., 13th Floor
New York, NY 10012
(212) 925-1415

CREW TIME CARD

Employer: CAPS, LLC, FEIN: 27-4217142

WEEK ENDING DATE

PRODUCTION CO.				PROD NAME/NUMBER				UNION				OCC CODE				OCCUPATION DESCRIPTION				ACCOUNT #		FRINGE ACCOUNT #									
EMPLOYEE NAME				SOCIAL SECURITY NUMBER				WEEKLY \$				HRLY \$				GUAR HRS		LOCATION		ON PROD		OFF PROD									
LOAN OUT				FEDERAL I.D. NUMBER				WORK ZONE																							
																STUDIO				DRIVE-TO				BUS-TO				DISTANT			
CITY	STATE	ACCOUNT CODE	LOCATION/SET	DATE	RE-RATE	OCC CODE	*TRVL	START	NDB	OUT	1ST MEAL	IN	WRAP	FOR COMPANY USE ONLY				TOTAL HOURS	MEAL PEN	ACCT	RATE	TYPE	HRS	TOTAL							
										OUT	2ND MEAL	IN		ST	1.5X	2X															
				1ST																			1X								
				2ND																			1.5X								
				3RD																			2X								
				4TH																											
				5TH																											
				6TH																											
				7TH																											
										TOTAL HOURS														MP							
COMMENTS: _____										*T = Travel Day TW = Travel/Work WT = Work/Travel										TOTAL AMOUNT											

ACCT		PER DIEM NON-TAX			ACCT			MILEAGE NON-TAX			ACCT			KIT RENTAL			ACCT			HAZARD											
ACCT		PER DIEM TAX			ACCT			MILEAGE TAX			ACCT			CAR ALLOWANCE			ACCT			MULTI-CAM											
ACCT		PER DIEM ADV			ACCT			MILEAGE ADV			ACCT			MEAL ALLOWANCE			ACCT			SAL ADV											
ACCT		LODGING NON-TAX			ACCT			LODGING TAX			ACCT						ACCT														

EMPLOYEE SIGNATURE _____ APPROVED _____

Attention all CA employees: Effective 2/14/2014, CAPS 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 visit <https://www.capspayroll.com/MPNNotice.pdf>, email MPN@capspayroll.com, or call 877-243-9910.