

SICK TIME EMPLOYER QUESTIONNAIRE

Please note, the information you provide on this form will not apply to employees whose collective bargaining agreement includes provisions addressing state and local sick leave laws.

A number of states and local jurisdictions have passed paid sick leave laws that require employers to provide paid days off to employees to deal with their own or a family member's illness. The information listed below is required for Cast & Crew to calculate and track paid sick leave for your Production employees. It is the obligation of Cast & Crew Customers (i.e., Productions) to provide this information to Cast & Crew.

Please fill out and return this form to sicksetup@castandcrew.com so that we can program the solution that is right for you. The default settings noted below will be applied if Customer fails to advise otherwise.

Company Name: _____

Contact Name(s): _____

Email Address: _____

Telephone Number: _____

1. At what level will you accrue?

- Common Law Employer Level
- Producer/Division Level
- Studio Level
- Production Company Level (*Default*)

2. Would you like to aggregate data with other payroll sources?*

- Yes
- No (*Default*)

*If you answer Yes to this question, please email sicksetup@castandcrew.com for more information.

3. Would you like to apply paid sick leave benefits to loan-out corporations?

- Yes
- No (*Default*)

4. Would you like to front-load or accrue paid sick leave benefits?

- Front-load
- Accrue (*Default*)

5. Would you like to allow negative accrual of paid sick leave?

- Yes
- Require Prior Notification (*Default*)
- Never

If you have questions about how to fill out this form, please contact Compliance@castandcrew.com