IMPORTANT: 1. W-4 MUST be completed to be paid! 2. I-9 MUST be completed to be paid!

CAPS			PIRE AVE., 4TH FLOOR C, CA 91504	VIEW PAYSTUBS:		NON-UNION		Employer: CAPS, LLC, FEIN: 27-4217142	
				OTHER INQUIRIES: 310-7				EXTRA VOUCHER	
A Cast & Crew Ente	rtainment Company	7 PENN PL 370 SEVENT NEW YOR	_AZA TH AVE., 6TH FLOOR K, NY 10001	omen inquires sion	30 2140	☐ WAIVER/TA	AFT HARTLE		
DATE WORKED PRODUCTION COMPANY					PF	RODUCTION TITLE			TYPE OF CALL
NAME (LAST) (FIRST)						(M.I.)	SOCIAL SECU	RITY # (MUST be provided	d in order to be paid)
STREET ADDRESS			APT #	CHECK BOX IF NEW ADDRESS	SEND T AGENT	TO AGENT NAME			
CITY STATE			STATE	ZIP	STREET AD	DRESS			
PHONE NUMBER					CITY			STATE	ZIP
WORK STATE		BASIC WA	GE RATE	STARTING TIME			DISMISS	AL TIME	
				AM PM			AM PM		
NON-DEDUCTIBLE BREAKFAST		1ST MEAL			2ND MEAL		'	TOTAL HOURS	APPROVED FOR PAYMENT
START	FINISH	1	START	FINISH	ST	TART	FINISH		
WARDROBE	MILEAGE	AUTO	WET	WET WALKAWAY \$			DO NOT W	RITE IN THIS	S SPACE V
			SMOKE	BUMP \$		PYMT TYPE	HOURS	AMOUNT	ACCOUNT CODE
PROPS	MEAL PENALTY	FITTING	NIGHT PREM	ALLOWANCE \$	ALLOWANCE \$				
				ADJUSTMENT \$		DAY			
COMMENTS						1.5			
						2.0			
"I agree to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full for all services heretofore rendered by me for CAPS, LLC. I further agree that the said sum, less all deductions required by law,							_		
may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported									
address and deposited in the United States mail within the time periods provided by law." "I hereby give and grant to the company named all rights of every kind and character whatsoever in and to all work heretofore done, and all poses, acts,									
plays and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving									
for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner						er			
whatsoever any recordations heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if							_		
additional scenes are required (whether originally contemplated or not) I will return to work and render by services in such scenes at the same basic rate of compensations as that paid to me for the original taking." "By signing this form, I hereby									
agree that CAPS, LLC may take deductions from my earnings to adjust previous overpayments if and when said overpayments may occur."						•			
THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.									
	r, Parent or Guardian ı	must sign)							
X									
EMAIL ADDRESS						TOTAL PAYMENT .			

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.