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LOAN-OUT START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

HIRE STATE		WORK STATE		ACCOUNT		DATE OF BIRTH					
PRODUCTION COMPANY				PROJECT							
LOAN-OUT NAME				FEDERAL ID #		START DATE					
EMPLOYEE FSO NAME			MINOR? <input type="checkbox"/>	EMPLOYEE SS #							
MAILING ADDRESS				UNION	OCCUPATION DESCRIPTION		OCC CODE				
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			SCHEDULE				
STATE		ZIP		PHONE		EMAIL					
STATE INCORPORATED	DATE INCORPORATED		STATE ID NUMBER		<input type="checkbox"/> US CORPORATION <input type="checkbox"/> LLC OWNED BY CORPORATION <input type="checkbox"/> NON-US COMPANY: COUNTRY _____						
PLEASE COMPLETE PER LOAN-OUT'S SCHEDULE:											
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>		STUDIO RATE		GUAR HOURS		DISTANT RATE		GUAR HOURS		ACCOUNT	
HOURLY RATE											
WEEKLY RATE											
6TH DAY											
7TH DAY											
IDLE 6TH											
IDLE 7TH											
(INCLUDE FORM) KIT RENTAL											
CAR ALLOWANCE											
MEAL ALLOWANCE											
MEAL PENALTY											
SIGNATURE OF AUTHORIZED OFFICER				DATE		PRODUCTION APPROVAL				DATE	

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.caps payroll.com/MPNNotice.pdf>, email MPN@caps payroll.com, or call 877-243-9910.