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# CREW TIME CARD

**Employer: CAPS, LLC, FEIN: 27-4217142**

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

LOAN OUT				FEDERAL I.D. NUMBER				RATE \$ PER _____ <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> OTHER _____			
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DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL		END	RATES				MP	COMMENTS	
					2nd MEAL			ST	1.5X					
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														

YEAR		TOTALS										GROSS		
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.