



## **Contract Services Letter**

This form is intended for CSATF purposes. Please note: Requests are completed in the order that we receive them. We do not accept pictures or scans of the request form. Please ensure you submit the request form as a fillable PDF form.

If you need your days to be sent by both companies please ensure you submit this request to both email aliases, as requests are processed by two separate departments.

1. Send this form via email:

Cast & Crew: contractserviceletters@castandcrew.com CAPS: contractservices@capspayroll.com

2. Please allow a minimum of seven business days for processing.

EMPLOYEE NAME (FIRST, LAST)		LAST FOUR OF SSN		DATE OF BIRTH
MAILING ADDRESS				
CITY		STATE		ZIP CODE
PHONE NUMBER	EMAIL			
JOB TITLE/CLASSIFICATION	UNION/LOCAL			
PRODUCTION TITLE(S) OR TIMEFRAME (OPTIONAL)				
PLEASE INDICATE REASON FOR REQUEST:  O Placement to roster O Upgrading	TIMEFRAME – For plone year. For upgradyears.  O One year  O Three years	·	PLEASE INDICATE COMPANY:  O Cast & Crew  O CAPS  Both	

PRINT NAME TODAY'S DATE

2300 Empire Avenue 5th Floor Burbank California 91504 T 818.848.6022 www.castandcrew.com

**NEW ORLEANS**