



Production
Payroll, LLC

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Burbank, California 91504-3350
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New York, NY 10036
212.938.0995

CCP-SI
VER. 01/23

Start/Close Form

Producing company		Project title
Social security number	Employee legal name	Date of birth

Permanent address (include number and street, city, state, and zip code)

Mailing address *if different* (include number and street, city, state, and zip code)

Phone number	E-mail address	ACA hiring status Full time Variable
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Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity (optional) Check one: <input type="checkbox"/> H - Hispanic or Latino <input type="checkbox"/> WH - White (Not Hispanic or Latino) <input type="checkbox"/> AA - Black or African American (Not Hispanic or Latino) <input type="checkbox"/> AS - Asian (Not Hispanic or Latino) <input type="checkbox"/> AP - Native Hawaiian or Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> AN - Native American or Alaska Native (Not Hispanic or Latino) <input type="checkbox"/> TW - Two or More Races (Not Hispanic or Latino) <input type="checkbox"/> NG - I do not wish to disclose <input type="checkbox"/> OT - Other
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Union membership	Union jurisdiction	OCC Code	Schd. letter	Job description
Hire state	Work state	Start date	Home plan Yes <input type="checkbox"/> No <input type="checkbox"/>	

Terms of employment	Studio		Distant		Account Number
Rate per hour					
Rate per week					
Hours per day					
Hours per week					
6th and 7th days	Pay 6th day at \$	Pay 7th day at \$	Pay 6th day at \$	Pay 7th day at \$	
Idle days			Pay at scale <input type="checkbox"/> Pay at employee rate <input type="checkbox"/>		
Equipment rental					
Car allowance					
Cell allowance					
Additional allowances					

☐ Nearby hire ☐ Distant hire ☐ Local hire ☐ Production city

Note: Overtime will be calculated pursuant to applicable law or contract.

Additional client use	For payroll company use only
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"By signing this form, I authorize the employer, or its service or payroll provider, to take deductions from my earnings to adjust previous overpayments if and when said overpayments may occur."

"Agree" - Employee signature and date

Authorized signature(s) and date(s)