

Producing company		Project title
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Social security number	Employee legal name	Date of birth
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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 <input type="checkbox"/> FULL TIME <input type="checkbox"/> VARIABLE
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Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F	Non-Binary <input type="checkbox"/> Identify as Non-Binary where recognized	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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Guild	Occupation	Hire State	Work State	Start Date
SAG SCHEDULE LETTER Check one: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> OTHER _____		Minor? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, COOGAN ACCT provided? YES <input type="checkbox"/> NO <input type="checkbox"/>	Agent Authorization Attached? 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					

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

Additional client use	For payroll company use only
<div></div>	<div></div>

"Agree" - Employee signature and date	Authorized signature(s) and date(s)
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By signing this form, I authorize the employer, or its service or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayment's if and when said overpayment's may occur.