



2300 Empire Ave., 5th Floor
 Burbank, CA 91504
 (818) 848-6022
Check Inquiries: (818) 860-7756

1560 Broadway, Suite 701
 New York, NY 10036
 (818) 848-6022
Check Inquiries: (818) 860-7756

CREW TIMECARD

Employer: New C.A.P.S., LLC, FEIN: 27-4217142

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

LOAN OUT	FEDERAL I.D. NUMBER	RATE
		\$ PER _____ <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> OTHER _____

DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL 2nd MEAL		END	RATES				COMMENTS	
								ST	1.5X				MP
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

YEAR	COVID STIPEND	COVID TEST DATE	AICP #	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 _____

By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur. By signing this form, I certify that I have reviewed the information on this record and it accurately reflects all my start and stop times of work in this period, and, unless noted above, I further certify that I have taken all meal and other breaks that I am entitled to for this period.