



**2300 Empire Avenue, 5th Floor  
Burbank, California 91504-3350**

**7 Penn Plaza, Suite 601  
New York, NY 10001-3912**

CCP-TC  
VER. 3/19

# CREW TIME CARD

PROJECT TITLE	PROD Nº	GUAR HOURS	WEEK ENDING	TERMINATION DATE	WORK STATE	WORK CITY
EMPLOYEE NAME	SOCIAL SECURITY NUMBER <b>XXX- XX-</b>	UNION	ACCOUNT Nº		FRINGE ACCOUNT Nº	
LOAN-OUT CORPORATION	FEDERAL EMPLOYER ID Nº	STUDIO/DISTANT	ON PRODUCTION	OFF PRODUCTION	OCCUPATION / OCC CODE	
		PLEASE INDICATE ON DAILY BASIS				

[illegible]

COMMENTS:																							
PER DIEM		HOUSING		ADVANCE		ADVANCE		MEAL MONEY		REIMBURSE		MILEAGE		CAR ALLOWANCE		BOX RENTAL							
ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>		ATTACH INVENTORY FOR NO WITHHOLDING							
TAX	PER	TAX	PERHOUSE	ADV		ADV		MVA		\$		\$		\$		ACCT N <sup>o</sup>		ACCT N <sup>o</sup>					
\$		\$																					
NONTAX	PD1	NONTAX	PD2																				
\$		\$																					
										RECEIPTS MUST BE ATTACHED		OTP/FLSA		CELL ALLOWANCE									
												OTP		ACCT N <sup>o</sup>									
														TAX		CELL							
EMPLOYEE SIGNATURE										X		APPROVAL SIGNATURE										X	

By signing this form, you certify that you have reviewed the information on this record and that it accurately reflects all of your hours worked in this period. You also agree that the employer may take deductions from your earnings to adjust previous over-payments if and when said over-payments occur. If no hours are indicated, time will be computed based on an 8 hour day unless union or labor laws specify.