

WORK STATUS SYMBOLS KEY

SW START WORK
W WORK
H HOLD
FT FITTING
R REHEARSE
WF WORK FINISHED
T TRAVEL
D DROP
P PICK UP

ARTIST'S NAME _____ SOC. SEC. # _____

CORP. NAME _____ FED ID # _____

PICTURE NAME _____ ROLE OF _____

Any finish will be considered an employment end date for purposes of Affordable Care Act compliance.

ACTOR'S WEEKLY TIME REPORT

W/E _____ EPISODE # _____

WORK LOCATION REQUIRED

Location City _____ County _____

Work State _____ Foreign ☐

☐ Studio ☐ Local Location ☐ Distant (Overnight) Location

DAY	DATE	WORK STATUS	LOCATION ZIP	TRAVEL		Report Makeup/ Wardrobe	ON SET ST. TIME	ND MEAL IN / OUT	FIRST MEAL		SECOND MEAL		DISMISS ON SET	Dismiss Makeup/ Wardrobe	TRAVEL/DISMISSED		TOTAL HOURS	Travel Time Hours	Time Over 8/10 Hrs.			Stunt Adj.	No. of Outfits Provided	COMMENTS: Non-Deductable Meals, Stunt Adjustments, etc.
				LV MTL	ARR LOC				FROM	TO	FROM	TO			LV LOC	ARR MTL			TT@ 1½	OT@ 1½	OT@ 2X			
SUN																								
MON																								
TUE																								
WED																								
THU																								
FRI																								
SAT																								

EMPLOYMENT ENDED:
☐ NO ☐ YES DATE: _____

SPECIAL UNPAID LEAVE:
FROM _____ TO _____

ACCUM WEEKLY HOURS
LESS 44/48/24/32
LESS DAILY OT/TT
LESS 6TH AND/OR 7TH
WEEKLY OT HOURS

BASIC HOURLY RATE: _____

CONTRACT TYPE:

DAY PLAYER RATE: _____

3 DAY PLAYER RATE: _____

WEEKLY PLAYER RATE: _____

ACTOR _____ SINGER _____ PILOT _____

STUNT _____ LOOPER _____ DANCER _____

SPECIALTY ACT _____ OFF CAM ANN _____

MOW _____ LENGTH _____

THEATRICAL _____

SERIES ½ HR. _____ 1 HR. _____

OTHER (SPECIFY) _____

ACCT CODE	HRS		RATE	TOTALS
		DAILY		
		WEEKLY		
		DAILY OT @ 1½		
		DAILY OT @ 2X		
		WEEKLY OT		
		LOC ALLOW		
		STUNT ADJ		
		COMPLETION OF GUARANTEE		
		AGENTS FEE		

Authorization for payment

ACCT CODE		TOTALS
	MEAL PENALTY	
	FORCE CALL	
	PER DIEM	
	REIM. EXP.	
	LODGING	
	ADVANCE PAYMENT	
TOTAL DUE		
NON PENSION		