NON-UNION BI-WEEKLY TIME CARD Period Ending _____

Production Name:_____ Prod. Co.:_____

Name:_____ E-Mail: _____

S.S. #:_____ Fed ID #: _____

Loan Out Corp: _____

Job Classification: _____

Day/Week Pay Rate: $ _____

	DATE	LOC CODE	IN	MEALS OUT	MEALS IN	OUT	STR	1½ X TIME	2X	LN	MEAL PNLTY. DN	
WEEK 1	SUN			1								
				2								
	MON			1								
				2								
	TUES			1								
				2								
	WED			1								
				2								
	THUR			1								
				2								
	FRI			1								
				2								
	SAT			1								
				2								
WEEK 2	SUN			1								
				2								
	MON			1								
				2								
	TUES			1								
				2								
	WED			1								
				2								
	THUR			1								
				2								
	FRI			1								
				2								
	SAT			1								
				2								
	TOTAL HOURS											

Work Location (Enter Number below per work day)

NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP
1					
2					
3					
4					

Employment Ended: ◯ No ◯ Yes Date _____

Special Unpaid Leave: From_____ to _____

Affordable Care Act Employment Basis: *MUST CHECK ONE*

◯ Full Time ◯ Part Time

EPISODE/ACCOUNT/SET	PAYCODE	TTL. HRS.	RATE	TOTAL
	REGULAR			
	1½X			
	2X			
	MEAL PNLTY.			
	MEAL ALLOW.			
	CAR ALLOW.			
	BOX RENTAL			
	OTHER			

Without appropriate documentation, reimbursable expenses will be considered taxable items.

PER DIEMS

EPISODE/ACCOUNT/SET	PER DIEMS	ALLOW. AMOUNT	TAXABLE AMOUNT	ADVANCE
	MEALS/INCIDENTALS			
	LODGING			
	MILEAGE			
	TOTAL PER DIEMS			

Comments/Reason For Late Payroll Submission:

_____

Approved

Employee Signature