

# NON-UNION COMMERCIAL PAYROLL TIME CARD

WORK LOCATION REQUIRED	
City _____	County _____
State _____	<input type="checkbox"/> Foreign

PLEASE COMPLETE W-4 REVERSE SIDE  
 SHADED AREAS ARE FOR ACCOUNTING USE ONLY

ADDRESS CHANGE

PRODUCTION COMPANY _____				OCCUPATION _____				WEEKENDING DATE _____				PREP _____			
EMPLOYEE NAME _____				SOCIAL SECURITY NO. _____				E-MAIL ADDRESS _____				M <input type="checkbox"/> F <input type="checkbox"/>			
HIRE DATE _____		LOANOUT CO. _____				FED. I.D. _____				TOTAL GROSS _____					
KIT RENTAL _____		AICP ACCT. # _____	MILEAGE _____	AICP ACCT. # _____	PER DIEM ALLOWANCE _____		PER DIEM TAXABLE _____		AICP ACCT. # _____	MEAL ALLOWANCE _____		AICP ACCT. # _____			

DATE	JOB NAME/NO.	LOCATION ZIP CODE	TIME IN	MEALS		TIME OUT	AICP #	HOURLY RATE	STR	1.5				MEAL PEN	CHECK ONE			COMMENTS
				1ST MEAL	2ND MEAL										P	S	W	
SUN																		
MON																		
TUE																		
WED																		
THU																		
FRI																		
SAT																		

<b>Affordable Care Act Employment Basis:</b> <i>MUST CHECK ONE</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	TOTALS	
---	--------	--

<b>Employment Ended:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Date:</b> _____	<b>COMMENTS</b>
--	-----------------

**Special Unpaid Leave:** From \_\_\_\_\_ To \_\_\_\_\_

CA personnel: We have a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN. You may qualify to pre-designate a doctor. For more information, please contact us at 310 440 9675 or wcddept@mediaservices.com.

By signing, you certify that the record of time worked is correct.

<b>X</b> _____ EMPLOYEE SIGNATURE	_____ EMPLOYEE PHONE NUMBER	<b>X</b> _____ PRODUCTION COMPANY APPROVAL
--------------------------------------	--------------------------------	---