

NON-UNION

Employee Name		Social Security No.		Week Ending	
Loan-Out Corporation		Federal I.D. No.		WORK LOCATION REQUIRED	
				Location City _____ County _____ Work State _____ Foreign <input type="checkbox"/>	
Production Name		Job Classification			
Production Company		Rate		Account Code	

										For Accounting Use Only											
Date	Location Zip Code	In	Out	In	Out	In	Wrap	Hrs	MP	Acct	St	1 ½	2	2 ½		MP		Hrs	Rate	Total	
Sun									1												
									2												
Mon									1												
									2												
Tue									1												
									2												
Wed									1												
									2												
Thu									1												
									2												
Fri									1												
									2												
Sat									1												
									2												
Employee Health Insurance Deduction: \$ _____										Special Unpaid Leave: _____											
Employment Ended: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____										From _____ To _____											
Comments/Reason For Late Payroll Submission:																					

ACCT. #	MEALS ALLOWED	MEALS TAXABLE	PER DIEM ADVANCE	ACCT. #	LODGING ALLOW	LODGING TAXABLE	PER DIEM ADVANCE
ACCT. #	BOX RENTAL	ACCT. #	CAR ALLOW	ACCT. #	MILEAGE ALLOW	MILEAGE TAXABLE	MILEAGE ADVANCE
CHECK ONE:	<input type="checkbox"/> BOX RENTAL INFORMATION ON FILE <input type="checkbox"/> BOX RENTAL INFORMATION ATTACHED			ACCT. #	2ND CAMERA	OTHER	SALARY ADVANCE

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.

Total \$

BY SIGNING, YOU CERTIFY THAT THE RECORD OF TIME WORKED IS CORRECT. WITHOUT APPROPRIATE DOCUMENTATION, REIMBURSABLE EXPENSES WILL BE CONSIDERED TAXABLE ITEMS.

EMPLOYEE SIGNATURE X _____ APPROVED X _____