

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 _____				UNION _____		OCCUPATION _____				WEEKENDING DATE _____		PREP _____	
EMPLOYEE NAME _____				SOCIAL SECURITY NO. _____		E-MAIL ADDRESS _____				M <input type="checkbox"/> F <input type="checkbox"/>		SHOOT _____	
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	FORCED CALLS	CHECK ONE			COMMENTS	
				1ST MEAL	2ND MEAL											P	S	W		
SUN																				
MON																				
TUE																				
WED																				
THU																				
FRI																				
SAT																				

Affordable Care Act Employment Basis: <i>MUST CHECK ONE</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	TOTALS	
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Employment Ended: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____	COMMENTS 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.
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Special Unpaid Leave: From _____ To _____

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

X _____
 EMPLOYEE SIGNATURE

 EMPLOYEE PHONE NUMBER

X _____
 PRODUCTION COMPANY APPROVAL