

UNION

Week Ending _____

WORK LOCATION REQUIRED

Location City _____ County _____

Work State _____ Foreign

Union Occupation Code and Schedule _____

Account Code _____

Employee Name _____ Social Security No. _____

Loan-Out Corporation _____ Federal I.D. No. _____

Production Name _____ Job Classification _____ Union No. _____

Production Company _____ Rate _____ Guar. Hrs. _____

									For Accounting Use Only									
Date	Location	Zip Code	1st Meal		2nd Meal		Wrap	Hrs	MP	Acct	St	1 ½	2	2 ½	MP	Hrs	Rate	Total
Sun								1 2							St			
Mon								1 2							1 ½			
Tue								1 2							2			
Wed								1 2							2 ½			
Thu								1 2										
Fri								1 2							MP			
Sat								1 2							VAC			
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			ACCT. #	2ND CAMERA		SALARY ADVANCE
	<input type="checkbox"/> BOX RENTAL INFORMATION ATTACHED				OTHER		

Total \$

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. WITHOUT APPROPRIATE DOCUMENTATION, REIMBURSABLE EXPENSES WILL BE CONSIDERED TAXABLE ITEMS.

EMPLOYEE SIGNATURE X _____ APPROVED X _____