

MAKING MULTIPLE COPIES PRESS HARD WHEN WRITING



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CREW TIME CARD

Employer: CAPS, LLC, FEIN: 27-4217142

PRODUCTION CO.		JOB NAME/NUMBER			UNION	CONTRACT TYPE	OCCUPATION
EMPLOYEE NAME		M <input type="checkbox"/>	SOCIAL SECURITY NUMBER		TELEPHONE		EMAIL
		F <input type="checkbox"/>	- -				

LOAN OUT	FEDERAL I.D. NUMBER	RATE
		\$ PER _____ <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> OTHER _____

DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL		END					COMMENTS	
					2nd MEAL			ST	1.5X				
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

YEAR	TOTALS						GROSS
AICP #	BOX RENTAL	AICP #	MILEAGE NON-TAXABLE	MILEAGE TAXABLE	AICP #	ADVANCE	GROSS W/BOX RENTAL AND MILEAGE
	\$		\$	\$		\$	
AICP #	CAR ALLOWANCE	AICP #	PER DIEM NON-TAXABLE	PER DIEM TAXABLE	AICP #	OTHER	\$
	\$		\$	\$		\$	\$

EMPLOYEE SIGNATURE _____ APPROVED _____

Attention all CA employees: Effective 2/14/2014, CAPS has established 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 and you have the right to pre-designate a doctor. For further information, please visit <https://www.capspayroll.com/MPNNotice.pdf>, email MPN@capspayroll.com, or call 877-243-9910.