



2300 Empire Ave., 5th Floor
 Burbank, CA 91504
 (818) 848-6022
Check Inquiries: (818) 860-7756

1560 Broadway, Suite 701
 New York, NY 10036
 (818) 848-6022
Check Inquiries: (818) 860-7756

CREW TIMECARD

Employer: New C.A.P.S., LLC, FEIN: 27-4217142

PRODUCTION CO.	JOB NAME/NUMBER	UNION	CONTRACT TYPE	OCCUPATION
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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 _____
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DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL 2nd MEAL		END					MP	COMMENTS	
								ST	1.5X					
SUN														
MON														
TUE														
WED														
THU														
FRI														
SAT														

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

EMPLOYEE SIGNATURE _____ APPROVED _____

By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur. By signing this form, I certify that I have reviewed the information on this record and it accurately reflects all my start and stop times of work in this period, and I further certify that I have taken all meal and other breaks that I am entitled to for this period.

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