



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 _____

DATE	LOCATION ZIP CODE	AICP	RATE	START	1st MEAL 2nd MEAL	END					COMMENTS	
							ST	1.5X		MP		
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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