CAPS
A Cast & Crew Company

2300 EMPIRE AVE., 5TH FLOOR
BURBANK, CA 91504

1560 BROADWAY, SUITE 701
NEW YORK, NY 10036

☐ NON-UNION
☐ UNION - SAG/AFTRA
☐ WAIVER/TAFT HARTLEY

☐ EXTRA
☐ STAND-IN
☐ PHOTO DOUBLE
☐ SPECIAL ABILITY

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

EXTRA VOUCHER

VIEW PAYSTUBS:
MY.CASTANDCREW.COM
OTHER INQUIRIES: 818-860-7756

DATE WORKED	PRODUCTION COMPANY	PRODUCTION TITLE	TYPE OF CALL

NAME (LAST) (FIRST) (M.I.)	SOCIAL SECURITY # (MUST be provided in order to be paid)
	☐☐☐ – ☐☐ – ☐☐☐☐

STREET ADDRESS APT # ☐ CHECK BOX IF NEW ADDRESS	☐ SEND TO AGENT AGENT NAME
CITY STATE ZIP	STREET ADDRESS
PHONE NUMBER GENDER ☐ M ☐ F	CITY STATE ZIP

WORK STATE	WORK ZIP CODE	BASIC WAGE RATE	STARTING TIME AM ☐ PM ☐	DISMISSAL TIME AM ☐ PM ☐

NON-DEDUCTIBLE BREAKFAST START / FINISH	1ST MEAL START / FINISH	2ND MEAL START / FINISH	TOTAL HOURS	APPROVED FOR PAYMENT

WARDROBE	MILEAGE	AUTO	WET ☐	WALKAWAY $
			SMOKE ☐	BUMP $
PROPS	MEAL PENALTY	FITTING	NIGHT PREMIUM	ALLOWANCE $
				ADJUSTMENT $

COMMENTS

"I agree to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full for all services heretofore rendered by me for New C.A.P.S., LLC. I further agree that the said sum, less all deductions required by law, may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law." "I hereby give and grant to the company named all rights of every kind and character whatsoever in and to all work heretofore done, and all poses, acts, plays and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner whatsoever any recordations heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and render by services in such scenes at the same basic rate of compensations as that paid to me for the original taking."

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.
THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.

SIGNATURE (If Minor, Parent or Guardian must sign)
X

EMAIL ADDRESS

▼ DO NOT WRITE IN THIS SPACE ▼

PYMT TYPE	HOURS	AMOUNT	ACCOUNT CODE
DAY			
1.5			
2.0			
WET/ SMOKE			
TOTAL PAYMENT ▶			

CA residents: Your personal information may be collected in connection with certain services provided by Cast & Crew or its affiliated companies. A summary of your California privacy rights can be found at: https://www.castandcrew.com/privacy-policy/.