CAPS
A Cast & Crew Company

2300 Empire Ave., 5th Floor
Burbank, CA 91504
(818) 848-6022

1560 Broadway, Suite 701
New York, NY 10036
(818) 848-6022

CREW TIMECARD

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

WEEK ENDING DATE

PRODUCTION CO.	PROD NAME/NUMBER	UNION	OCC CODE	OCCUPATION DESCRIPTION	ACCOUNT #	FRINGE ACCOUNT #

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	WEEKLY	HRLY	GUAR HRS	LOCATION	ON PROD	OFF PROD
		$	$				

LOAN OUT	FEDERAL I.D. NUMBER	WORK ZONE
		_____ STUDIO _____ DRIVE-TO _____ BUS-TO _____ DISTANT

CITY	STATE	ACCOUNT CODE	LOCATION/ SET	DATE	RATE	OCC CODE	*TRVL	START	N D B	OUT 1ST MEAL IN / OUT 2ND MEAL IN	WRAP	FOR COMPANY USE ONLY ST	1.5X	2X		TOTAL HOURS	MEAL PEN			TYPE	HRS	TOTAL
				SUN																1X		
				MON																1.5X		
				TUE																2X		
				WED																		
				THU																		
				FRI																		
				SAT																		
										TOTAL HOURS										MP		

COMMENTS: _____

*T = Travel Day TW = Travel/Work WT = Work/Travel

TOTAL AMOUNT

ACCT	PER DIEM NON-TAX	ACCT	MILEAGE NON-TAX	ACCT	KIT RENTAL	ACCT	HAZARD
ACCT	PER DIEM TAX	ACCT	MILEAGE TAX	ACCT	CAR ALLOWANCE	ACCT	MULTI-CAM
ACCT	PER DIEM ADV	ACCT	MILEAGE ADV	ACCT	MEAL ALLOWANCE	ACCT	SAL ADV
ACCT	LODGING NON-TAX	ACCT	LODGING TAX	ACCT		ACCT	

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 required meal and other breaks in this period.
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