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## **CREW TIMECARD**

(818) 848-6022 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 \_ DRIVE-TO STUDIO BUS-TO \_ DISTANT FOR COMPANY USE ONLY TOTAL MEAL ACCOUNT LOCATION/ OCC DATE RATE **START** WRAP TYPE HRS TOTAL CITY STATE CODE SET CODE **HOURS** PEN ST 1.5X 2X OUT 2ND MEAL 1X M O N 1.5X **2**X w E TOTAL MP HOURS COMMENTS: \*T = Travel Day TW = Travel/Work WT = Work/Travel TOTAL **AMOUNT** PER DIEM NON-TAX MILEAGE NON-TAX HAZARD ACCT ACCT ACCT KIT RENTAL ACCT ACCT PER DIEM TAX ACCT MILEAGE TAX ACCT CAR ALLOWANCE ACCT MULTI-CAM PER DIEM ADV MILEAGE ADV MEAL ALLOWANCE ACCT ACCT ACCT 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.