CAPS
A Cast & Crew Company

2300 Empire Ave., 4th Floor
Burbank, CA 91504
(310) 280-0755

7 Penn Plaza
370 Seventh Ave., 6th Floor
New York, NY 10001
(212) 925-1415

CREW TIMECARD

Employer: CAPS, 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	RE-RATE	OCC CODE	*TRVL	START	ND B	OUT 1ST MEAL IN / OUT 2ND MEAL IN	WRAP	FOR COMPANY USE ONLY ST	1.5X	2X		TOTAL HOURS	MEAL PEN	ACCT	RATE	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 _____

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit https://www.capspayroll.com/MPNNotice.pdf, email MPN@capspayroll.com, or call 877-243-9910.