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CREW TIMECARD

Employer: CAPS, LLC, FEIN: 27-4217142

PRODUCTION CO.			JOB NAME/NUMBER				UNION		CONTRACT TYPE		OCCUPATION	
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	RATES				MP	COMMENTS
								ST	1.5X				
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 _____

Attention all CA employees: Effective 2/14/2014, CAPS, A Cast & Crew Company 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 email MPN@capspayroll.com.