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4th Floor
Burbank, CA 91504
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370 Seventh Ave., 6th Floor
New York, NY 10001
Tel: (212) 925-1415

EMPLOYEE START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

PRODUCTION COMPANY		PROJECT																																																																			
EMPLOYEE NAME	MINOR? <input type="checkbox"/>	SOCIAL SECURITY NUMBER	START DATE																																																																		
EMPLOYEE ADDRESS		UNION	OCCUPATION DESCRIPTION OCC CODE																																																																		
CITY		AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>	SCHEDULE																																																																		
STATE	ZIP	PHONE	EMAIL																																																																		
ETHNIC CODE	1 = WHITE 4 = ASIAN 2 = BLACK 5 = NATIVE AMERICAN 3 = HISPANIC 6 = OTHER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	CITIZEN STATUS <input type="checkbox"/> US <input type="checkbox"/> RES ALIEN <input type="checkbox"/> OTHER (Attach Visa) COUNTRY OF ORIGIN _____																																																																		
PLEASE COMPLETE PER EMPLOYEE'S SCHEDULE:																																																																					
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:25%;">STUDIO RATE</th> <th style="width:25%;">GUAR HOURS</th> <th style="width:25%;">DISTANT RATE</th> <th style="width:25%;">GUAR HOURS</th> <th style="width:25%;">ACCOUNT</th> </tr> </thead> <tbody> <tr> <td>HOURLY RATE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WEEKLY RATE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6TH DAY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7TH DAY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDLE 6TH</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDLE 7TH</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(INCLUDE FORM) KIT RENTAL</td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>CAR ALLOWANCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEAL ALLOWANCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEAL PENALTY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				STUDIO RATE	GUAR HOURS	DISTANT RATE	GUAR HOURS	ACCOUNT	HOURLY RATE						WEEKLY RATE						6TH DAY						7TH DAY						IDLE 6TH						IDLE 7TH						(INCLUDE FORM) KIT RENTAL						CAR ALLOWANCE						MEAL ALLOWANCE						MEAL PENALTY					
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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.