

IMPORTANT: 1. W-4 MUST be completed to be paid! 2. I-9 MUST be completed to be paid!



2300 EMPIRE AVE., 4TH FLOOR
BURBANK, CA 91504
7 PENN PLAZA
370 SEVENTH AVE., 6TH FLOOR
NEW YORK, NY 10001

NON-UNION
 UNION - SAG/AFTRA
 WAIVER/TAFT HARTLEY

EXTRA
 STAND-IN
 PHOTO DOUBLE
 SPECIAL ABILITY

Employer: CAPS, LLC, FEIN: 27-4217142

EXTRA VOUCHER

VIEW PAYSTUBS:
MY.CASTANDCREW.COM
OTHER INQUIRIES: 818-860-7756

DATE WORKED	PRODUCTION COMPANY	PRODUCTION TITLE	TYPE OF CALL
NAME (LAST) (FIRST) (M.I.)		SOCIAL SECURITY # (MUST be provided in order to be paid)	
STREET ADDRESS APT #		<input type="checkbox"/> CHECK BOX IF NEW ADDRESS	<input type="checkbox"/> SEND TO AGENT AGENT NAME
CITY	STATE	ZIP	STREET ADDRESS
PHONE NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	CITY	STATE ZIP

WORK STATE	WORK ZIP CODE	BASIC WAGE RATE	STARTING TIME AM PM	DISMISSAL TIME AM PM
NON-DEDUCTIBLE BREAKFAST		1ST MEAL	2ND MEAL	TOTAL HOURS
START	FINISH	START	FINISH	APPROVED FOR PAYMENT

WARDROBE	MILEAGE	AUTO	WET <input type="checkbox"/>	WALKAWAY \$	▼ DO NOT WRITE IN THIS SPACE ▼			
			SMOKE <input type="checkbox"/>	BUMP \$				
PROPS	MEAL PENALTY	FITTING	NIGHT PREMIUM	ALLOWANCE \$				
				ADJUSTMENT \$				
COMMENTS					PYMT TYPE	HOURS	AMOUNT	ACCOUNT CODE
"I agree to accept the sum properly computed based upon the times and the basic wage rate shown as payment in full for all services heretofore rendered by me for CAPS, LLC. I further agree that the said sum, less all deductions required by law, may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law." "I hereby give and grant to the company named all rights of every kind and character whatsoever in and to all work heretofore done, and all poses, acts, plays and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grant to the said company the right to reproduce in any manner whatsoever any recordings heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and render by services in such scenes at the same basic rate of compensations as that paid to me for the original taking." "By signing this form, I hereby agree that CAPS, LLC may take deductions from my earnings to adjust previous overpayments if and when said overpayments may occur." THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.					DAY			
					1.5			
SIGNATURE (if Minor, Parent or Guardian must sign) X					2.0			
EMAIL ADDRESS								
					WET/ SMOKE			
					TOTAL PAYMENT ▶			

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.caps payroll.com/MPNNotice.pdf>, email MPN@caps payroll.com, or call 877-243-9910.