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LOAN-OUT START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

HIRE STATE		WORK STATE		ACCOUNT		DATE OF BIRTH			
PRODUCTION COMPANY				PROJECT					
LOAN-OUT NAME				FEDERAL ID #		START DATE			
EMPLOYEE FSO NAME			MINOR? <input type="checkbox"/>	EMPLOYEE SS #					
MAILING ADDRESS				UNION	OCCUPATION DESCRIPTION		OCC CODE		
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			SCHEDULE		
STATE	ZIP	PHONE		EMAIL					
STATE INCORPORATED	DATE INCORPORATED	STATE ID NUMBER		<input type="checkbox"/> US CORPORATION <input type="checkbox"/> LLC OWNED BY CORPORATION <input type="checkbox"/> NON-US COMPANY: COUNTRY _____					
PLEASE COMPLETE PER LOAN-OUT'S SCHEDULE:									
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>		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									
SIGNATURE OF AUTHORIZED OFFICER				DATE		PRODUCTION APPROVAL		DATE	

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.