Return original of this document to the SAG office within two weeks of completion of principal photography

SCREEN ACTORS GUILD PERFORMERS PRODUCTION TIME REPORT – EXHIBIT G

PICTURE TITLE _____ PROD. NO. _____ DATE _____ CONTACT_____PHONE _____

SHOOTING LOCATION _____ IS TODAY A DESIGNATED DAY OFF? Yes ☐ No ☐

Please complete in ink. Indicate a.m. or p.m.

Cast	Minor	Character	W H S F R T TR FT **	Report Makeup Wardrobe	Work Time		Dismiss Makeup Wardrobe	In / Out	Meals				TRAVEL TIME				Stunt Adj	Minors Tutoring Time	Wardrobe No. of Outfits	Forced Call / MPV's	Performer's Signature
					Report On Set	Dismiss On Set		ND Meal	1st Meal		2nd Meal		Leave for Location	Arrive on Location	Leave Location	Arrive at Studio					
									Start	Finish	Start	Finish									

** Work=W Rehearsal=R Start=S Finish=F Hold=H Travel=TR Fitting=FT Test=T