NAME:_____ PRODUCTION COMPANY:_____ WEEK ENDING:

SSN:_____ PRODUCTION TITLE:_____ _____

OCCUPATION :_____ OCCUPATION CODE:_____

RATE: $_____ PER ☐HOUR ☐DAY ☐WEEK

GUARANTEED HOURS:_____ PER ☐DAY ☐WEEK

☐ On Production
☐ Off Production

WORKED AT:
☐ Studio
☐ Nearby Bus to
☐ Nearby Drive to
☐ Distant (Overnight) Location

COMMENTS:_____

DAY	DATE	CALL TIME	1ST MEAL		2ND MEAL		WRAP TIME	STRAIGHT TIME	1 1/2 X	2 X	OTHER	TOTAL
			OUT	IN	OUT	IN						
							TOTAL					

FOR PAYROLL USE ONLY

PAY CODE	HRS	RATE	AMOUNT

REIMBURSEMENT - MISC ACCOUNT #		BOX RENTAL ACCOUNT #		MILEAGE ACCOUNT #	
TAXABLE	NON -TAXABLE	TAXABLE	NON -TAXABLE	TAXABLE	NON -TAXABLE
$	$	$	$	$	$

Did you have a work related injury? ☐ Yes ■ No

DEDUCTIONS:

CODE	DESCRIPTION	AMOUNT	ACCOUNT#

EMPLOYEE SIGNATURE X_____ APPROVED X_____

Production Company and Employee acknowledge by signing this Time Card that if no hours are listed only the guaranteed hours or eight hours per day will be recorded as worked.

Crew Time Card

ABS PAYROLL
A BONDIT COMPANY

Los Angeles
(818) 848-9200

New York
(212) 675-4600

White - ABS Payroll Yellow - Production Copy Pink - Employee Copy