



PAYROLL DEPARTMENT
(818) 848-9200
payroll@abspayroll.net

TALENT VOUCHER
SAGID _____

	DATE	PRODUCTION					
1	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE	<input checked="" type="checkbox"/> IF NEW <input type="checkbox"/> EMPLOYEE	<input checked="" type="checkbox"/> IF NEW <input type="checkbox"/> ADDRESS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
2	STREET ADDRESS			PHONE	#DEPENDENTS		
3	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER			

BASE RATE		1.5X		2X		2.5X		3X		ALLOWANCES		SPECIAL COMPENSATIONS									
										WARD-ROBE	QTY	\$	INTERVIEW	\$	HAIR	\$	SOCIAL SECURITY NUMBER MUST BE FILLED FOR CHECK TO BE PROCESSED				
										MEAL PENALTY	QTY	\$	FITTING	\$	WET WORK	\$					
										CALL TIME	1st MEAL OUT	1st MEAL IN	2nd MEAL OUT	2nd MEAL IN	WRAP TIME	AUTO		\$	SPECIAL ABILITY	\$	BEARD
										MILES			SMOKE WORK	\$	DRESS OR UNIFORM	\$	APPROVED BY				
										CENTS /MILE			BODY MAKE-UP	\$	OTHER	\$					

FOR PAYROLL USE ONLY			
PAY CODE	HRS	RATE	AMOUNT
ST			
1.5 X			
2X			

TOTAL \$ _____ **PLEASE READ THE FOLLOWING BEFORE SIGNING**

By signing this voucher, I acknowledge and agree to the following:

(1) That I have reviewed the information entered on this voucher and that it accurately represents my complete work information on The Production for the date indicated. I understand that this work information will be used to calculate my wages for this particular date and I agree that such wages computed will be payment in full for all services rendered by me and:

(2) That I hereby grant to the Production Company of The Production, its successors, assignees, licensees or any other person or company who might gain title or rights to the production, the right to photograph me and record my voice to use, alter, dub, edit and or otherwise change such photographs and recordings. in any manner whatsoever and for any reason in connection with The Production. such right to be worldwide and in perpetuity, and:

(3) That I represent that I am not now, nor have I ever been an employee of ABS Payroll. I also acknowledge that this voucher does not create an employment contract between myself and ABS Payroll.

SIGNATURE
PLEASE FILL OUT I-9 ON THE BACK OF THIS FORM

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME	FIRST	MIDDLE	BIRTH NAME	BIRTH DATE
STREET ADDRESS			ZIP	SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States.
2. An alien lawfully admitted for permanent residence (Alien Number A _____)
3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____.)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X DATE	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE PRINT NAME ADDRESS
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EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the **Document Identification Numbers and Expiration Dates** for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. A U.S. Passport (unexpired or expired). <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) _____ Document Identification # _____ Expiration Date: (If any) _____	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form # _____) Document Identification # _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.	EXAMINER'S SIGNATURE X TITLE DATE EMPLOYER ABS PAYROLL
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