

|                                                                                | WORK LOCATION                 | UNION          | COMME          | RCIAL                | PAYROL               | L T             | IME CARD     |                | $\mathbf{X}$     | PA           | 4YF           | ROLL  |       |             |                 |                     |  |  |
|--------------------------------------------------------------------------------|-------------------------------|----------------|----------------|----------------------|----------------------|-----------------|--------------|----------------|------------------|--------------|---------------|-------|-------|-------------|-----------------|---------------------|--|--|
| City County                                                                    |                               |                |                |                      |                      |                 |              |                |                  |              | 1210 W   Bur  | bank  | Blvd  | Bur         | bank   CA   915 | 06   (818) 562-7866 |  |  |
| State                                                                          | State                         |                |                |                      |                      | WEEKENDING DATE |              |                |                  |              |               |       |       |             |                 | PREP                |  |  |
| PRODUCTION COMPANY                                                             |                               |                |                |                      | OCCUPATION           |                 |              |                |                  | UNION LOCAL  |               |       |       |             | SHOOT           |                     |  |  |
| EMPLOYEE NAME                                                                  |                               |                |                |                      | SOCIAL SECURITY NO.  |                 |              | E-MAIL ADDRESS |                  |              | M 🗆 F 🗆       |       | F 🗀   | WRAP        |                 |                     |  |  |
| LOANOUT CO.                                                                    |                               |                |                |                      |                      | FED. I.D.       |              |                |                  |              | TOTAL GROSS   |       |       |             |                 |                     |  |  |
| DATE                                                                           | JOB<br>NAME/NO.               | AICP#          | HOURLY<br>RATE | TIME IN              | 1ST MEAL<br>2ND MEAL | TIME OUT        | STR          | 1.5            |                  |              | ME<br>PE      | AL    | CHE   | CK ON       | NE COM          | MENTS               |  |  |
| SUN                                                                            | TWWILL/TO.                    |                | 10112          |                      | ZITO MERE            |                 |              |                |                  |              |               |       |       | 3 1         | //              |                     |  |  |
| MON                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               | /     |       |             |                 |                     |  |  |
| TUE                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| WED                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               | /     |       |             |                 |                     |  |  |
| THU                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| FRI                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| SAT                                                                            |                               |                |                |                      |                      |                 |              |                |                  |              |               | /     |       |             |                 |                     |  |  |
| Employ                                                                         | ment Ended: No                | Yes Dat        | :e:            |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| Employment Ended: No Yes Date: TOTALS  Special Unpaid Leave: From To To TOTALS |                               |                |                |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
|                                                                                | KIT RENTAL AICP ACCT. # MILEA |                | MILEAGE        | E AICP ACCT. # PER D |                      |                 | EM ALLOWANCE |                | PER DIEM TAXABLE | AICP ACCT. # |               |       | MEAL  | . ALLOWANCE | AICP ACCT.#     |                     |  |  |
| COMMEN                                                                         | TS                            |                |                |                      |                      |                 |              |                |                  |              |               |       | •     |             |                 |                     |  |  |
|                                                                                |                               |                |                |                      |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| By signing                                                                     | g, you certify that the reco  | ord of time wo | rked is corre  | ect.                 |                      |                 |              |                |                  |              |               |       |       |             |                 |                     |  |  |
| X                                                                              | oyee Signature                |                |                |                      | Date E               | mployee Phor    | ne Numbe     |                |                  |              | X<br>Producti | ion C | omnan | v Ann       | roval           | <br>Date            |  |  |