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# (Please complete and email form to your contact at Revolution or clientservices@revolutiones.com)

# WORK ORDER

**Existing Client  Returning Client  New Client  Union  Non-Union**

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| |  | | --- | | pARENT COMPANY INFORMATION | | |
| **Parent Company Name:** | Click here to enter text. | |
| **Address:** | Click here to enter text. | |

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| --- | --- | --- | --- |
| **Main Phone Number:** | Click here to enter text. | **Fax Number:** | Click here to enter text. |
| **Parent Company EIN:** | Click here to enter text. | **State Where Registered/ Incorporated:** | Click here to enter text. |
| **CHECK HERE IF PARENT COMPANY INFORMATION IS THE SAME AS PRODUCTION COMPANY INFORMATION** | | | |

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| |  | | --- | | production COMPANY INFORMATION | | |
| **Production Co. Name:** | Click here to enter text. | |
| **Address:** | Click here to enter text. | |

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| --- | --- | --- | --- |
| **Main Phone Number:** | Click here to enter text. | **Fax Number:** | Click here to enter text. |

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| **Contact Name:** | Click here to enter text. |
| **Contact Email Address:** | Click here to enter text. |

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| --- | --- | --- | --- |
| **Contact Phone:** | Click here to enter text. | **Contact Title:** | Click here to enter text. |
| **Production Company EIN:** | Click here to enter text. | **State Where Registered/ Incorporated:** | Click here to enter text. |

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| PROJECT/SHOW INFORMATION | |
| **Project Type:** | Choose an item. |
| **Project/Show Name:** | Click here to enter text. |
| **Start Date:** | Click here to enter text. |
| **Work Location Address:** | Click here to enter text. |
| **Shooting Locations:** | Click here to enter text. |

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| **Production Budget:** | Click here to enter text. | **Payroll Budget:** | Click here to enter text. |
| **Prep Date:** | Click here to enter text. | **Start Shoot:** | Click here to enter text. |
| **End Shoot:** | Click here to enter text. | **List of Foreign Locations, If any:** | Click here to enter text. |
|  | Will there be any hazardous or stunt activity performed on this project? If yes, you will be asked to complete a different form. | | |

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| **Non-Union Only** (if certain guilds apply, select below) | |
| **ABOVE THE LINE** | |
| **DGA – Signatory Company Name:**  Click here to enter text. | **Deposit Amount:**  Click here to enter text. |
| **SAG – Signatory Company Name:**  Click here to enter text.  **Name of SAG Rep:**  Click here to enter text.  **Email:** Click here to enter text. **Phone:** Click here to enter text. | **Deposit Amount:**  Click here to enter text. |
| **WGA – Signatory Company Name:**  Click here to enter text. | **Deposit Amount:**  Click here to enter text. |
| **AFTRA – Signatory Company Name:**  Click here to enter text. |  |
| **Are there minors in the cast?** |  |
| **BELOW THE LINE CREW** | |
| **IATSE - Signatory Company Name**: Click here to enter text. | **Deposit Amount:**  Click here to enter text. |
| **Teamsters – Signatory Company Name:**  Click here to enter text. |  |
| **AFM – Signatory Company Name:** Click here to enter text. |  |

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| UNIONS OR GUILDS ASSOCIATED WITH PAYROLL |

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| |  | | --- | | tax incentives | | |
| **Yes**  **No** | Will the production file for state tax incentives?  If yes, which states? | |

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| **Network / distributor / Bond** | |
| **Network / Distributor:**  Click here to enter text. | **Delivery Date:** Click here to enter text. |
| **Bond Company** (if bonded): Click here to enter text. | **Financier** (if different from network): Click here to enter text. |

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| |  | | --- | | basic payroll INFORMATION | | |
| **Type of Payroll:** | Crew-#  Talent-#  Editorial-#  Extras-#  Office Staff-#  Minors-# | |
| **Payroll Contact:** | Click here to enter text. | |
| **Payroll Contact Phone:** | Click here to enter text. | |
| **Payroll Contact Email:** | Click here to enter text. | |
| **Other Contact Name/Email:** | Click here to enter text. | |

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| **Pay Frequency:** | Choose an item. | **Pay Period:** | Choose an item. |
| **Pay Day:** | Choose an item. |  | Other,  please specify: Click here to enter text. |
| **Paycheck Delivery:** | Mail to Employees  Client Pickup  Deliver to Client – Provide FedEx Acct #: Click here to enter text.  Direct Deposit for Employees  Remote Printing (at production office) | | |
| **Payment Method:** | Wire Transfer  Cashier’s Check  ACH Debit  Company Check | | |

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| |  | | --- | | Accounting SOFTWARE | |

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| **Accounting Software:** | Choose an item. |  | **File Export of Payroll Data to upload to your Accounting Software** |

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| **Note: If using ProBooks, please submit a Budget (i.e. MMB File), Bank Info, and any other relevant information for database setup**  Click here to entercomments |

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|  | |  | | --- | | ProHire information | |  |

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| **Yes**  **No** | **Will you be using ProHire (Revolution’s timecard software)? If yes, please complete below information or move to next section.** |

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| **Start Approval:** | **Approver 1:** Click here to enter text.  **Approver 2:** Click here to enter text.  **Approver 3:** Click here to enter text.  **Final Approver:** Click here to enter text. | **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text. | **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text. |
| **Timecard Approval:** | **Approver 1:** Click here to enter text.  **Approver 2:** Click here to enter text.  **Approver 3:** Click here to enter text.  **Final Approver:** Click here to enter text. | **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text. | **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text.  **Job Title:** Click here to enter text. |

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| **Who will create timecards?** | ☐ Employees Create Own ☐ Dept Head/Employer ☐ Both |

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| **Yes**  **No** | **Will you require any additional or custom documents to be added to employee start packet? These documents may include employer policies, deal memos, state and local documents other than the I-9, W-4, start forms, etc.** |

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|  | |  | | --- | | Locations and Training for software | | | | |
| **Job Locations:** | | **Location 1:** Click here to enter text.  **Location 2:** Click here to enter text.  **Location 3:** Click here to enter text.  **Location 4:** Click here to enter text. | **Address:** Click here to enter text.  **Address:** Click here to enter text.  **Address:** Click here to enter text.  **Address:** Click here to enter text. |
| **Person(s) who will need training:** | | **Name:** Click here to enter text.  **Name:** Click here to enter text.  **Name:** Click here to enter text.  **Name:** Click here to enter text. | **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text.  **Email:** Click here to enter text. | |

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| sick leave ordinance |
| Employers in certain states will need to provide eligible employees paid sick leave. Certain notification and eligibility requirements may also be required per state law. There is no federal requirement to provide paid sick leave. |
| 1. **Will your production organization (i.e. common law employer group) give all eligible employees sick leave upfront each year or use the accrual method?** |
| UpfrontAccrue Other: |
| 1. **Would you like to use the production home state sick leave policy or the employees’ work state policy?** |
| Home StateWork State |
| 1. **For sick leave law purposes, do you use any other payroll provider besides Revolution for your payroll?** |
| YesNo |

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| affordable care act INFORMATION | |
| The ACA has placed new emphasis on the need to determine when and if related organizations must be treated as a single employer (aka Applicable Large Employer “ALE”) for purposes of meeting various ACA requirements. Setting up different companies under separate tax ID numbers does not relieve related employees from being treated as a single employer under the controlled group rules. Employers are obligated to track all their employee hours across ALL COMPANIES (controlled group) in the organization to assess ACA obligations. | |
| **Yes  No** | **Have you determined your organization’s controlled group structure for the purposes of ACA?** |
| **Yes  No** | **Have you determined your organization is subject to the ACA’s employer mandate?** |
| **If yes, what was the result:** | Applicable Large Employer (ALE)  Non-ALE |
|  | **Does the Parent Company own any other companies (related or unrelated to production)?**  *Under the ACA, employers are obligated to track ALL of their worker hours across the entire organization.* |
|  | **Would you like more information on the ACA and our related services?** |
| **Notice of Exchange**  Effective October 1, 2013, all employers subject to the Fair Labor Standards Act (FLSA) must distribute a Notice of Exchange (NOE) to all current employees and new hire employees going forward. Click here to obtain the DOL’s template notices: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice> | |

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| General COMMENTS |
| Click here to entercomments |