

NEW ENGLAND AFTRA/SAG TALENT CONTRACT

American Federation
of Television and
Radio Artists

Screen Actors Guild

New England Local

535 Boylston Street
Boston, MA 02116
(617) 262-8001
(617) 262-3006 fax

**Contract for
Industrial/Educational Films
Videotaped Programs
Non-Broadcast Recorded Material**

This document is to be used as:
Employer's Production Report/**White**
Employer's P&W Report/**Blue**
Send both of above with checks to Union
Employer-Producer/**Green & Yellow**
Member Report & Copy/**Pink & Gold**

This employment is done under (Must check only one): AFTRA SAG

EMPLOYMENT INFORMATION PRINT OR TYPE

EMPLOYER (responsible for payment)

Company _____
Company Address _____
City _____ State _____ Zip _____
Phone _____
Production Contact _____
Paymaster (if applicable) _____

PERFORMER

Name _____
Legal Name _____
Social Security No. _____
Phone _____
Address _____
City _____ State _____ Zip _____
Agent (if applicable) _____
Address _____
City _____ State _____ Zip _____

PRODUCT

Program Title _____
PO No. _____ ID No. _____
Date(s) Recorded _____
Places Recorded _____
Production Company _____
Other Performers _____

Withholding Information Male Female Single Married _____ Allowances

PRODUCTION REPORT

SE

- Category 1
(Ind./Educational, Intranet)
 Category 2 (Point of Purchase,
Internet)
 Phoningcasting

SUPPLEMENTAL USE

- Sale/Rental to Industry
 Sale/Rental to General Public
 Integration
 Other

TYPE OF PERFORMANCE (CHECK ALL THAT APPLY)

- On Camera 3 Day Player
 Off Camera Weekly Player
 Narrator/Spokesperson Extra Player
 Day Player Silent Bit
 1/2 Day Player Other

RATE

1. Scale or
2. At the rate of
\$ _____ per _____
Overtime is based
on the above.

SPECIAL PROVISIONS:

NOTE: Payment for travel time/miles may not be required within Boston's 50 mile radius. Performer can individually negotiate for above-scale travel time/miles.

Date	Travel Time To Job	Hours Worked		Meal Breaks		Travel Time From Job	Travel Mileage	Initialed Prod. / Perf.
		From	To	1.	2.			
								/
								/
								/
								/

COMPENSATION

(A) Session Fee(s) \$ _____

(B) Overtime \$ _____

(C) Supplementary Use Fee \$ _____

(D) Misc. Fees \$ _____

H&R or P&W CALCULATION \$ _____

Subtotal (A through D) _____ x _____%

H&R or P&W Contribution _____

Make check payable to:

- AFTRA Health & Retirement Fund SAG Producers Pension & Welfare Plan

NON TAXABLE REIMBURSMENTS

(E) Wardrobe \$ _____

(F) Travel \$ _____

(G) Other \$ _____

Total due to Performer

Total (A) through (G) \$ _____

Make check payable to Performer and send to AFTRA/SAG office within 30 days

AUTHORIZATION

Check appropriate box(es)

If You Are Signatory

The undersigned is duly authorized and represents that the Company/Producer is signatory to the current Producer-Screen Actors Guild Industrial contract or the American Federation of TV and Radio Artists Non-Broadcast/Industrial Code and shall abide by all terms and conditions of said Agreements for this and other productions.

If Using Paymaster

The undersigned is duly authorized and represents that the signatory paymaster or payroll company indicated below is signatory to the foregoing AFTRA or SAG agreement and will be the employer of record for all talent for the production described above and will comply with the applicable AFTRA or SAG agreements.

Paymaster: _____

Please Print

Neither the artist nor his/her representative may waive any portion of this union contract without prior written consent of AFTRA/SAG.

Producer _____ Date _____

BY _____ Title _____
(signature)

Performer _____ Date _____

See Instructions on Back

