

# CHAMPION CASTING CORPORATION

|                    |           |                          |  |
|--------------------|-----------|--------------------------|--|
| LAST NAME          | FIRST     | SOC. SEC. NO. (REQUIRED) | ANY CLASSIFICATION FROM BASIC RATE MUST BE EXPLAINED IN FULL OR VOUCHER WILL NOT BE PROCESSED FOR PAYMENT. |
| TIME OF CALL       | WEATHER   | DATE                     | DIRECTOR   |
| PRODUCTION COMPANY |           |                          | EXPLAIN ADDITIONAL COMPENSATIONS CLAIMS AND/OR ALLOWANCES IN THIS SPACE                                    |
| PRODUCTION NO.     | ORDER NO. | PRODUCT/SHOW             |  |

**EMPLOYEE: PLEASE PRINT INFORMATION LISTED ABOVE AND SIGN WHERE INDICATED**

"I agree to accept the sum properly computer based upon the terms and the basic wage rate shown as payment in full for all services heretofore rendered by me for Champion Casting Corp. I further agree that the said sum, less all deduction required by law, may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law.

"I hereby give and grant to the company named all rights of every kind and character whatsoever in and all work heretofore done, and all poses, acts, plays, and appearances heretofore made by me for you and in and to all of the results and proceeds of my services heretofore rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grants to the said company the right to reproduce in any manner whatsoever any recordings heretofore made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and render my services in such scenes at the same basic rate of compensations as that paid me for the original taking.

"By signing this form, I hereby agree that Champion Casting Corp. may take deductions from my earning to adjust previous overpayments if and when said overpayments may occur."

| WARDROBE      |          | HAIRGOODS |                             | PROPS  |             | WORK HOURS                    |  | MEAL PERIODS |                |
|---------------|----------|-----------|-----------------------------|--------|-------------|-------------------------------|--|--------------|----------------|
| OUT           |          | OUT       |                             | OUT    |             | REPORTING                     |  | FROM:        | FROM:          |
| IN            |          | IN        |                             | IN     |             | AM<br>PM                      |  | TO:          | TO:            |
| SET DISMISSAL |          |           | TRAVEL TIME AFTER DISMISSAL |        |             | WARDROBE TIME AFTER DISMISSAL |  |              | MEAL PENALTIES |
| AM<br>PM      |          |           | AM<br>PM                    |        |             | AM<br>PM                      |  |              | AMOUNT         |
| TYPE OF WORK  | PAY CODE | HOURS     |                             | AMOUNT | BASIC RATE  |                               |  |              |                |
|               |          | WORK      | PAY                         |        |             |                               |  |              |                |
| DAY           |          |           |                             |        | ADJUSTMENTS |                               |  |              |                |
| NIGHT         |          |           |                             |        | OVERTIME    |                               |  |              |                |
| OUT           |          |           |                             |        | ALLOWANCES  |                               |  |              |                |
| WET / SMOKE   |          |           |                             |        | GROSS       |                               |  |              |                |
| TRAVEL        |          |           |                             |        |             |                               |  |              |                |
| WARDROBE      |          |           |                             |        |             |                               |  |              |                |
| OTHER         |          |           |                             |        |             |                               |  |              |                |

**THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.**

EMPLOYEE SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_

CALL PAYROLL FOR CHANGE OF ADDRESS \_\_\_\_\_ APPROVED FOR PAYMENT \_\_\_\_\_