



# PRODUCTION REPORT

Production Report Fax # 301-654-9040  
www.SAGAFTRA.org/WMA • (301) 657-2560

7735 Old Georgetown Rd. Suite 950, Bethesda, MD 20814

Performer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Hours Worked/Rehearsal: \_\_\_\_\_ TO \_\_\_\_\_ Agent: \_\_\_\_\_

### CATEGORY

Announcer/Narrator/Off-Camera    On-Camera Performer    Background    Hand Model    Singer

Number of wardrobe provided by the Performer: \_\_\_\_\_

Commercials	<input type="checkbox"/> Radio (AFTRA H&R 18%)	<input type="checkbox"/> TV (SAG P&H 18%)
Corporate-Educ./Non-Broadcast AFTRA H&R 16.0%	<input type="checkbox"/> WMA Co-Ed Waiver <input type="checkbox"/> SAG-AFTRA Cat 1	<input type="checkbox"/> SAG-AFTRA Cat II* <i>*Cat II rates to be negotiated at time of engagement</i>
Programs AFTRA H&R	<input type="checkbox"/> Cable Program (17.1%) <input type="checkbox"/> Radio Program (11.5%)	<input type="checkbox"/> Television Program (17.1%) <input type="checkbox"/> Public Television Program (15.1%)
	<input type="checkbox"/> Audio Books ____% (AFTRA) <input type="checkbox"/> Electronic Media ____% (AFTRA) <input type="checkbox"/> New Media ____% (SAG) <input type="checkbox"/> Interactive Media <input type="checkbox"/> AFTRA H&R (15.5%) <input type="checkbox"/> SAG P&H (14.8%)	

Date(s) of Session: \_\_\_\_\_ Production Co: \_\_\_\_\_  
Location/Studio (State): \_\_\_\_\_ Producer: \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Signatory: \_\_\_\_\_  
Length of Production: \_\_\_\_\_ Fee to Be Paid by: \_\_\_\_\_  
Title: \_\_\_\_\_ Markets/Units: \_\_\_\_\_  
Date(s) of Broadcast: \_\_\_\_\_ Station: \_\_\_\_\_ Network: \_\_\_\_\_ Synd: \_\_\_\_\_

Compensation Session:	
Compensation Residuals/Use:	
Total Gross Compensation:	

Payroll Period Ending: \_\_\_\_\_

AFTRA H&R Contribution:

Make payable to "AFTRA H&R." Send check and a copy of this document, to AFTRA H&R, PO Box 13673, Newark, NJ 07188-3673

SAG P&H Contribution:

Make payable to "SAG P&H." Send check and a copy of this document, to SAG P&H, PO Box 54867, Los Angeles, CA 90054-0867

Additional Information: \_\_\_\_\_

Send a copy of this report to SAG-AFTRA and the paymaster (if applicable).