PRODUCTION REPORT

Fax # 301-656-3615
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 18%	☐ Audio (AFTRA Retirement)		☐TV (SAG Pension)
Regional Commercial 18%	☐ Audio (AFTRA Retirement)	☐TV (SAG Pension)	
	☐ 4 Weeks ☐ 13 Weeks	☐ 1 Year ☐ 21 Months	
Corporate-Edu/Non-Broadcast	☐WMA Co-Ed Waiver	☐ Category 1	☐ Category II*
AFTRA Retirement 16.5%			*Cat II rates to be negotiated at time of engagement*
Programs	☐ Cable Program (17.1%)	☐ Radio Program (11.5%)	☐Television Program (17.1%)
AFTRA Retirement	☐ Public Radio Program (11.5%)		☐ Public Television Program (15.1%)
	☐ Audio Books ____% (AFTRA Retirement)		☐ New Media ___% (SAG Pension)
	☐ Interactive Media 16% (AFTRA Retirement)		☐ Electronic Media ____% (AFTRA Retirement)

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: _________________________

SAG-AFTRA Health Plan Contribution: [ ]

Make payable to "SAG-AFTRA Health Plan." Send check and a copy of this document, to SAG-AFTRA Health Plan, PO Box 54867, Los Angeles, CA 90054

Additional Information: ____

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

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