



**SCREEN ACTORS GUILD-AMERICAN FEDERATION OF
TELEVISION AND RADIO ARTISTS MEMBER REPORT
ADR THEATRICAL/ TELEVISION**

It is the responsibility of the member to file a copy of this report with the SAG-AFTRA within forty-eight (48) hours of each session and to deliver a copy to the employer or the employer's representative at the conclusion of each session. If there is a contractor, he shall assume these responsibilities with respect to each session.

Work Date _____ Title _____

Episode Title _____ Prod. No _____

Prod Co./ Studio Sound Supervisor
Employer Facility Editor

Address _____ Address _____ Sound Engineer/
Mixer

ADR Supervisor _____

Phone # _____ Phone # _____ Employer Rep. _____

Type of Film: Theatrical _____ TV Series _____ TV MOW _____ TV Pilot _____ Other _____

Performer's Name	Performer's Social Security #	Character of 6+ Lines (sync)	Additional sets of up to 3 characters under 5 sync lines each	Studio Time Report/Dismiss	Hours Employed	Meal Period From/To	Performer's Initials
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Reel #s Recorded: _____

NOTES: _____

This engagement shall be governed by and be subject to the applicable terms of the SAG-AFTRA Codified Basic or Television Agreement.

Production Co./EMPLOYER _____

Signature of Employer or
Employer Representative _____

SAG-AFTRA Reporter _____ (Print Name) _____

SAG-AFTRA Reporter's Phone # _____ Date _____