



To be completed at jobsite in ink. You're making copies, press firmly.
 White copy to CPT Processing Dept., yellow to producer, pink copies to agent and gold copy for performer's records.

AFTRA MEMBER REPORT/PRODUCTION REPORT/H&R REPORT

AFTRA Cleveland - (216)781-2255 AFTRA Pittsburgh - (412) 281-6767 AFTRA Tri-State - (513) 579-8668

I. EMPLOYER INFORMATION

Employer: _____ Session /Shoot Date: _____
 Signatory: _____ Studio/Location: _____
 Address: _____ Product/Client: _____
 City: _____ State: _____ Zip: _____ Job/ ID#: _____
 Employer Phone: _____ Title(s): _____
 Producer: _____
 Talent Agent: _____

Note to Employer: Employer is responsible for all subsequent use, replay and residual fees unless a Transfer of Rights Agreement is submitted and on file at AFTRA

Scale Scale + 10% Over-scale Other: _____

II. PRODUCTION INFORMATION (Complete Part A, B, or C and Check all that apply)

A. National Commercials Code TV _____ Radio _____		<input type="checkbox"/> Wild Spot NY ___ LA ___ Chicago ___ <input type="checkbox"/> Program <input type="checkbox"/> Demo <input type="checkbox"/> Dealer	<input type="checkbox"/> Session Fee <input type="checkbox"/> Re-Use <input type="checkbox"/> Cable & Broadcast <input type="checkbox"/> Cable Use Only <input type="checkbox"/> Internet <input type="checkbox"/> New Media <input type="checkbox"/> Other: _____
B. CPT Regional Commercials Code TV _____ Principal _____ On Camera ___ Extra _____ Off-Camera ___ Hand Model _____ Other _____ Radio _____		Date of Cycle ___/___/___ to ___/___/___ Markets _____ Total # of Units: _____ Check box for permission <input type="checkbox"/> Internet <input type="checkbox"/> New Media	
C. Non-Broadcast/Industrial Code <input type="checkbox"/> On Camera <input type="checkbox"/> Cat. 1 (In House) <input type="checkbox"/> Announcer <input type="checkbox"/> Off-Camera <input type="checkbox"/> Cat. 2 (Public Use) <input type="checkbox"/> On Camera Narrator/ Spokesperson <input type="checkbox"/> Storecasting _____ <input type="checkbox"/> Day Player <input type="checkbox"/> 3 month <input type="checkbox"/> 6 Month <input type="checkbox"/> 1/2 Day Player <input type="checkbox"/> Phone Casting		<input type="checkbox"/> Extra <input type="checkbox"/> Solo/Duo Singer <input type="checkbox"/> Group Singer <input type="checkbox"/> Other: _____	

Audio Only: Less than 3 mins. _____ Revision _____

III. PERFORMER INFORMATION

Has performer worked under AFTRA contracts before? Yes ___ No ___
 If Performer has agent then gross compensation may be no less than minimum contract scale plus 10%
 Federal W-4 tax form must be completed or on file with Employer.

Social Security or AFTRA ID #	Performer's Name & Contact Phone #	Hours worked (1/4 hr. increments)		# of Spots or Programs	Performer Gross Compensation With Commission (to be used for H&R calculation)	Non-taxable Reimbursements (i.e. mileage, wardrobe, etc.)	Total Due Performer
		Start	Stop				

IV. HEALTH AND RETIREMENT

Performer's Gross Compensation (above) _____ x H&R ___% (see specific contract) = Total H&R Contribution of \$_____ to be submitted as a separate check payable to AFTRA Health and Retirement and sent with all Performer's Compensation checks to AFTRA CPT Check Processing Center: 820 West Superior Ave. Suite 240 Cleveland, OH 44113

V. AUTHORIZATION

The undersigned wishes to enjoy peaceful and pleasant relations with AFTRA and its members, and to that end agrees to be bound by and conform to all terms and conditions specified in the current applicable code as amended and/or extended for the production described herein. Further, the undersigned agrees to all the health and retirement provisions of the current applicable code and to be bound by the respective AFTRA Health and Retirements Funds Agreement and Declaration of Trust, dated November 16, 1954, as thereafter amended; and more specifically, the undersigned hereby appoints the Producer trustees named therein and/or their successor. AFTRA acknowledges that this agreement affects only the production identified herein.

Employer: _____ Performer's Signature _____ Date: _____

Signature of Employer Representative: _____ Date: _____