SAG-AFTRA PERFORMERS PRODUCTION TIME REPORT

Exhibit G

Picture Title_____

Company_____ Production No._____ Date_____ Contact _____ Phone No. _____

Shooting Location_____ Is Today a Designated Day off?* Yes No Production Type: MP TV MOW Industrial Other

SELECT FROM DROP-DOWN LIST WORK - W REHEARSAL - FITTING - FT TRAVEL - TR START - S HOLD - H TEST - T FINISH - F					WORK TIME			MEALS						TRAVEL TIME						WARDROBE			
								ND Meal		1ST MEAL		2ND MEAL											
CAST	MINOR?	CHARACTER		Report Makeup Wardrobe	Report on Set	Dismiss on Set	Dismiss Makeup Wardrobe	In	Out	Start	Finish	Start	Finish	Leave for Location	Arrive on Location	Leave Location	Arrive at Studio	Stunt Adj.	Minors Tutoring Time	No. of Outfits Provided	Forced Call	MPVs	PERFORMER'S SIGNATURE

*This refers to the two (2) days (one (1) day on overnight location) which Producer can designate as day(s) off for the production for which performers are not paid continuous employment.