



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

*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.