



This Agreement made this _____ day of _____, 20____
between _____ (Signatory Producer) and _____ (Performer).

1. SERVICES: Producer engages Performer and Performer agrees to perform services portraying the role of _____
in a program tentatively entitled _____ on behalf of _____ (Client).
Services to be performed in (please indicate City and State): _____.

2. CATEGORY: Indicate the initial, primary use of the program. **3. NUMBER OF CLIENTS:** Indicate the number of clients for which program will be used.
☐ Category I (Educational/Training) ☐ Category II (Includes Category I) ☐ Single Client ☐ Multiple Clients

4. TERM: Continuous period commencing _____, 20____ and continuing until completion of the role.
EXCEPTION (Day Performers only) - May be dismissed and recalled (without payment for intervening period) provided Performer is given a firm recall date at time of engagement. If applicable, Performer's firm recall date is: _____, 20____.

5. COMPENSATION: Producer employs Performer as: ☐ On-Camera ☐ Off-Camera ☐ On-Camera Narrator/Spokesperson
☐ Day Performer ☐ ½ Day Performer (restricted terms) ☐ Singer Solo/Duo ☐ General Background Actor
☐ 3-Day Performer ☐ Dancer, Solo/Duo ☐ Singer, Group ☐ Special Ability Background Actor
☐ Weekly Performer ☐ Dancer, Group ☐ Singer, Step Out ☐ Silent Bit Background Actor

At the salary of: On-Camera \$ _____ per ☐ Day ☐ 3-Days ☐ Week
Off-Camera \$ _____ for first hour, \$ _____ for each additional half-hour.

PRODUCER MUST MAIL PAYMENT NOT LATER THAN THIRTY (30) CALENDAR DAYS FOLLOWING THE DAY(S) OF EMPLOYMENT.

6. WEEKLY CONVERSION RATE: See Section 19.B.5 of the Agreement for details (Day Performers or 3-Day Performers only).
The Performer's weekly conversion rate is: \$ _____ per week.

7. PAYMENT ADDRESS: Performer's payment shall be sent to:
☐ Performer at W4 address; ☐ OR Sent c/o: _____ Attn: _____.

[Upon SAG-AFTRA's request, performer's payment shall be sent to the appropriate SAG-AFTRA office in the city nearest recording site.]

8. ADDITIONAL COMPENSATION FOR SUPPLEMENTAL USE: Producer may acquire the following supplemental use rights by the payment of the indicated amounts. (Check appropriate items below.) See Section 9 of Agreement for details of payment.

Group Dancers: Supplemental Use for group dancers is capped. See Section 9.B.1.c. of the Contract for payment provisions		
% of Total Applicable Salary when paid ▶	Within 90 Days of Session	Beyond 90 Days of Session
☐ Category II use of a program originally made as a Category I program	50%	100%
☐ 1. Basic Cable Television: 3 years	15%	65%
☐ 2. Non-Network Television: Unlimited runs	75%	125%
☐ 3. Theatrical Exhibition: Unlimited runs	100%	150%
☐ 4. Foreign Television: Unlimited runs outside of U.S. & Canada	25%	75%
☐ 5. Sale and/or Rental within an industry	15%	25%
☐ 6. Integration and/or Customization	100%	
☐ 7. "Package" rights to 1, 2, 3, 4, 5 and 6 above	200%	Not available
AVAILABLE ONLY BY PRIOR NEGOTIATION WITH AND APPROVAL OF SAG-AFTRA:		
☐ 8. Network Television	PERFORMER does NOT consent to use of his/her services made hereunder for: ☐ Network Television ☐ Pay Cable Television ☐ OTC sales of Audio Only Program	
☐ 9. Pay Cable Television		
☐ 10A. Audio Only Programs sold to the general public (Section 9.E.2)		
☐ 10B. Sale or Rental to General Public (Over the Counter) – Except Audio Only, see above	200% for number of days worked excluding OT & penalties	
☐ 11. Programs for Government Service (Use: Non-network and foreign TV, theatrical)	40%	Not available

9. WARDROBE FURNISHED BY PERFORMER - Fee covers use of wardrobe for: **PRINCIPAL – 2 days; EXTRA – 1 day.**
PRINCIPAL: If required to bring one change and wears it, pay fee; if not worn, no fee is due. If required to bring more than one change, pay fee for each change even if not worn. EXTRA: Pay fee for each change Extra is required to bring.
Minimum Fees: Day Wear (Principal)/1st Change (Extra): ___ x \$21 = \$ _____ ; 2nd + Change (Extras Only): ___ x \$7 = \$ _____ ; Black Tie/Specialty: ___ x \$32 = \$ _____

10. Special Provisions:

11. GENERAL: All terms and conditions of the SAG-AFTRA Corporate/Educational & Non-Broadcast Contract shall be applicable to such employment.
Producer: _____ Signature _____ Performer: _____ Signature – (if minor, Parent's or Guardian's signature) _____

By: _____ Soc. Security #: _____ Phone: _____
Address: _____ Address: _____
Email / Phone #: _____ Email (Optional): _____