START SLIP - CORPORATION / LOAN-OUT

Labour Code:	Fringe Code:
_____/_____/_____/_____/_____/_____	_____/_____/_____/_____/_____/_____

Shooting Title: _____

Producers: _____

Company Name: _____

Corporation #: _____ GST/HST #: _____

Employee Name: _____

Phone #: _____ Fax #: _____

Cell #: _____ Pager: _____

Address: _____

(incl. postal/zip code) _____

Country of Residence: _____ Citizenship: _____

Birth Date: _____ S.I.N. / S.S.N.: _____

Start Date: _____

Position: _____ Dept: _____

Union: _____

circle one: Member Permittee

UNION FRINGE PER CONTRACT:

Rate: $_____ per hour $_____ per day _____ hours

$_____ per week _____ days

NON-UNION PERSONNEL, PLEASE COMPLETE THE FOLLOWING:

Non-Union Fringe: *choose one:* _____ Included in rate _____ In addition to rate

Vacation Rate: ___% of ST, OT, pen/prem Pension Rate: ____% of ST, OT, pen/prem

RENTALS:

Vehicle: _____ per _____ (insurance attached Yes ☐ No ☐)

Box Kit: _____ per _____ (inventory list attached Yes ☐ No ☐)

Other: _____

SIGNED BY:

_____ _____

Production Manager Approval Company Name

_____ _____

Date Signed Authorized Officer

THIS IS A 2-PAGE FORM.