



**SCREEN ACTORS GUILD-AMERICAN FEDERATION OF
TELEVISION AND RADIO ARTISTS EMPLOYMENT OF
PERFORMER FOR
ULTRA LOW BUDGET PROJECTS**

SIGNATORY COMPANY/INDIVIDUAL _____ DATE _____

PROJECT TITLE _____

PERFORMER'S NAME _____ START DATE _____

ADDRESS _____

ROLE _____ DAILY RATE \$ _____

PERFORMER'S TELEPHONE NO. _____ NUMBER OF DAYS GUARANTEED: _____

1. Subject to SAG-AFTRA approval, the following shall apply to this employment:
 - a) Sixth day, seventh day, and holiday premiums are waived.
 - b) Consecutive employment requirement is waived, except while on overnight locations, provided scheduling of calls is subject to Performer's availability.
 - c) Daily overtime is payable at time and one-half. Time in excess of twelve hours is payable at no less than double the Moderate Low Budget Project straight time rate for day performers, subject to applicable money breaks.
- 2) The employment is subject to all of the provisions and conditions applicable to the employment of performers contained in or provided for in the current SAG-AFTRA Agreement for Ultra Low Budget Projects. Such Agreement is deemed incorporated herein.
- 3) Producer materially represents that it is presently a signatory to the SAG- AFTRA Ultra Low Budget Project Agreement covering the employment contracted for herein.
- 4) Rights Granted. By payment of at least the minimum fees specified for this employment, Producer obtains all rights to exhibit the Project at film festivals, new media free to the consumer platforms for thirteen (13) weeks, before the Academy of Motion Picture Arts & Sciences to qualify for award consideration, at a showcase before industry professionals and for not more than ten (10) exhibitions within one year on a public access channel, as described in the Agreement.
- 5) Employment status. The performer engaged by this contract is considered an employee, not an independent contractor. As such, the compensation due the performer is subject to income tax withholding, social security and disability deductions. The performer is entitled to Unemployment Insurance coverage.

PRODUCER _____ PERFORMER _____
(Authorized Signature) (Signature)

BY _____ SOCIAL SECURITY or SAG-AFTRA ID # _____
(Print Name and Title)

THE PERFORMER MAY NOT WAIVE ANY PROVISION OF THIS CONTRACT WITHOUT THE PRIOR WRITTEN
CONSENT OF SAG-AFTRA.