



SAG-AFTRA Performers Production Time Report

EXHIBIT G

Picture Title: _____

Company: _____ Production Number: _____ Date: _____ Contact: _____ Phone #: _____

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 - R FITTING - FT TRAVEL - TR START - S HOLD - H TEST - T FINISH - F			WORK TIME				MEALS				TRAVEL TIME				WARDROBE		Performer's Signature	Objection					
CAST	MINOR?	CHARACTER	Report Makeup Wardrobe	Report on Set	Dismiss on Set	Dismiss Makeup Wardrobe	ND MEAL		1ST MEAL		2ND MEAL		Leave for Location	Arrive on Location	Leave Location	Arrive at Studio			Stunt Adjust	Minors Tutoring Time	No. of Outfits Provided	Forced Call	MPVs
							In	Out	Start	Finish	Start	Finish											

*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.