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

WORK - W REHEARSAL - FITTING - FT TRAVEL - TR
START - S HOLD - H TEST - T FINISH - F

CAST	MINOR?	CHARACTER		Report Makeup Wardrobe	WORK TIME: Report on Set	WORK TIME: Dismiss on Set	Dismiss Makeup Wardrobe	MEALS: ND Meal In	MEALS: ND Meal Out	MEALS: 1ST MEAL Start	MEALS: 1ST MEAL Finish	MEALS: 2ND MEAL Start	MEALS: 2ND MEAL Finish	TRAVEL TIME: Leave for Location	TRAVEL TIME: Arrive on Location	TRAVEL TIME: Leave Location	TRAVEL TIME: Arrive at Studio	Stunt Adj.	Minors Tutoring Time	WARDROBE: No. of Outfits Provided	Forced Call	MPVs	PERFORMER'S SIGNATURE
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*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.