

New York State Wage Theft Prevention Act

ADDENDUM TO STANDARD SAG-AFTRA EMPLOYMENT CONTRACT FOR AUDIO COMMERCIALS

New York State requires that ALL employees be given notice of their rate of pay, wage status and payday at time of hire. Your rate of pay is disclosed in the chart below based upon the selections made on page one of the Standard SAG-AFTRA Employment Contract for Audio Commercials. Additional responsibilities or time added to your employment during the recording session will be calculated at the contractual rates set forth below:

STANDARD AUDIO	SESSION (90 MINUTES)	WITH MULTI-TRACKING
Actor, Announcer, Solo, Duo, Group Singers/Speakers:	298.10	461.85
3-5	219.62	329.43
6-8	194.37	291.56
9+	172.38	258.57

NON AIR DEMO – SESSION/60 MINUTES				
Actor, Announcer	Session:	205.44	Add'l ¼ hour	51.36
Solo, Duo	Up to 4 Commercials:	207.31	Add'l ½ hour or comm'l:	51.84
Group 3 or More	Session:	135.52	Add'l ½ hour or comm'l	33.87

PUBLIC SERVICE ANNOUNCEMENTS	(COVERS ONE YEAR)	
Actor, Announcer	Session:	674.47
Solo, Duo	Session:	700.37
Group Singers/Speakers	Session:	
3-5		456.62
6-8		356.24
9+		228.45

SOUND EFFECTS	
Minimum fee for first hour	229.25
Each hour beyond the 1st hour	152.85
Paid in ½ hour segments	76.45
Dealers Sessions	255.36
Saturday and Sunday Work	A performer whose rate is double scale or less shall receive double the amount the performer would receive for a weekday. A performer whose rate is more than double scale shall receive 1.5x what the performer would receive for a weekday.
Holiday Work	Double what the performer would receive for a weekday.

Allowances: No deductions will be made from your payment for allowances of any kind.

Date of Payment: Payment of session for services rendered for each commercial shall be made not later than fifteen (15) working days after the day or days of employment.

Contact: Extreme Reach, Inc.,
111 W. Jackson Blvd., Suite 1525,
Chicago, IL 60604
Tel 312 726 4404

Producer Name

Phone

On the date set forth below, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday.

Signature of Performer

Date

Print Performer Name

Distribute signed copies of form as follows:
One copy to Employee, One copy to Contact listed above.

