

Basic Agreement/Freelance Live & Tape Television Agreement: Vacation & Completion of Assignment Contributions Report Form

(Use separate form for Regular Earnings)



Employer Information

| | |
|---------------|----------------|
| Employer Name | Contact Person |
| Address | Phone Number |

Report Information

| | |
|---|--------------------------------------|
| Total Contributions Reported (Note 1) \$0.00 | Liquidated Damages/Interest (Note 2) |
| Check Number | Date Report Prepared |

| Employee Information | | | | Project Information | | | | | Salary | Contributions |
|----------------------|------------|----------|---------------------------------|------------------------------|-----------------|------------------------|----------------------|----------------|---------------|-----------------------|
| Last Name | First Name | Cat Code | Social Security Number (Note 3) | Project and/or Episode Title | V or C (Note 4) | Work Period Begin Date | Work Period End Date | # of Work Days | Paid (Note 5) | Employer Health 14.5% |
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| TOTALS | | | | | | | | | \$ | \$ |

Please make checks payable to **DGA–PRODUCER PENSION & HEALTH PLANS, INC.** and mail to:
DGA–Producer Pension and Health Plans
5055 Wilshire Blvd Ste 600
Los Angeles CA 90036
Attn: Contributions Department

If remitting payment electronically, please email this report to: contributions@dgaplans.org
Additional copies of this form are available online at www.dgaplans.org/producers.
If you have any questions regarding this form you can contact us at (323) 866-2200, ext. 567.

| List of Valid Category Codes | |
|---------------------------------------|--|
| Director: DR | Associate DR/Technical Coordinator: AT |
| 1st AD/2nd AD: 12 | Audience Switcher: SW |
| 1st Assistant Director: 1A | Key 2nd Assistant Director: K2 |
| 2nd 2nd AD/Location Manager: 2L | Location Manager: LM |
| 2nd 2nd Assistant Director: 3A | Multicamera UPM: UM |
| 2nd Assistant Director: 2A | Stage Manager: SM |
| 2nd Unit Assistant Director: A2 | Technical Coordinator: TC |
| 2nd Unit Director: D2 | Unit Production Manager: UP |
| Additional 2nd Assistant Director: 4A | UPM Staff Executive: SU |
| Assistant Director-Multicam: 1M | UPM/1st Assistant Director: U1 |
| Associate Director: AD | UPM/Producer: PR |
| Associate DR/Stage Manager: AS | |

- Notes**
- 1) Employer contributions are to be made on a monthly basis, no later than the last day of each month for compensation earned during the preceding month.
 - 2) The greater of liquidated damages or interest will be charged for late contributions.
 - 3) A Social Security Number is required. Federal ID numbers are not acceptable.
 - 4) Please indicate “V” for Vacation Pay or “C” for Completion of Assignment Pay in the **V or C** column.
 - 5) Refer to Article 12 of the Basic Agreement or Articles 11 and 12 of the Freelance Live & Tape Television Agreement for definition of salary and contribution ceilings.

For Administrative Use

Producer Number

Reference Number

Entry Date

Prepared By