## **APPENDIX "D"**



## UNION OF BC PERFORMERS/ACTRA UBCP/ACTRA PERFORMER TIME REPORT ANIMATED PRODUCTIONS

PRODUCTION TITLE:

**PRODUCTION COMPANY:** 

EPISODE TITLE:

EPISODE NO.:

PERFORMER:

PERFORMER'S CO. NAME:

AGENT:

ADDRESS:

SIN:

GST#:

UBCP/ACTRA#:

CHARACTER(S):	CAT.

**INCIDENTAL CHARACTER** 

DATE	CALL TIME	WRAP TIME	MEAL BREAK	TOTAL HRS	ACTOR'S SIGNATURE

REGULAR	
OVERTIME	
PREPAYMENT	
GROSS FEE	
<b>3% RETIREMENT</b>	
2.25% DUES	
WORK PERMIT FEE	
NET PAYABLE	
PRODUCER'S CONTRIBUTIONS	
GST PAYABLE	
SUBTOTAL	
TOTAL PAYABLE	