

SCREEN ACTORS GUILD
EMPLOYMENT OF DAY PERFORMER FOR LOW BUDGET THEATRICAL FILM

PRODUCTION COMPANY(EMPLOYER) _____ DATE _____

DATE EMPLOYMENT STARTS _____ PERFORMER'S NAME _____

ROLE _____ DAILY RATE \$ _____

ADDRESS _____

PERFORMER'S TELEPHONE NO. _____ WEEKLY* CONVERSION RATE \$ _____

PRODUCTION TITLE _____

GUARANTEED DATES OF EMPLOYMENT _____

1. Performer has been advised of and does agree ___ does not agree ___ to the following terms of the Low Budget Agreement.
 - (a) Weekend premiums are waived provided Performer receives required rest period each week.
 - (b) Consecutive employment requirement is waived provided scheduling of calls is subject to Performer's availability, except while on overnight locations.
2. Daily overtime through the twelfth hour each day is payable at time-and-one half rates. Overtime on a day involving rehearsal only is payable at straight time rates.
3. If Performer agrees to furnish any wardrobe or wearing apparel for the portrayal of this role, Performer shall receive \$ _____ per costume per calendar week for such use. (If space is left blank, amount is presumed to be applicable fee in the Screen Actors Guild Codified Basic Agreement for Independent Producers.)
4. All provisions of the collective bargaining agreement between Screen Actors Guild, and Producer, relating to theatrical motion pictures, which are applicable to the employment of the Performer hereunder, shall be deemed incorporated herein except as expressly modified by the current Letter Agreement for Low Budget Theatrical Pictures which is also deemed incorporated herein by reference.
5. (West Coast Performer Only): The Performer (does) (does not) hereby authorize the producer to deduct from the compensation hereinabove specified an amount equal to _____ percent of each installment of compensation due the Performer hereunder, and to pay the amount so deducted to the Motion Picture and Television Relief Fund of America, Inc.
6. Producer makes the material representation that either it is presently a signatory to the SAG collective bargaining agreement covering the employment contracted for herein, or, that the above reference photoplay is covered by such collective bargaining agreement under the "Independent Production" provisions of the General Provisions of the Screen Actors Guild Agreement for Independent Producers of Theatrical Motion Pictures.

COMPANY _____ PERFORMER _____

BY _____ SOCIAL SECURITY # _____

*NOTE: All weekly rates are 5-day "studio rates".

THE PERFORMER MAY NOT WAIVE ANY PROVISION OF THIS CONTRACT WITHOUT THE PRIOR WRITTEN CONSENT OF SCREEN ACTORS GUILD.