



Directors Guild of America
 7920 Sunset Blvd.
 Los Angeles CA 90046
 (310) 289-2000 (310)289-5393-FAX

DIRECTOR DEAL MEMORANDUM - TELEVISION

Deal Memos must be submitted no later than commencement of services pursuant to Basic Agreement Article 4 -108.

This confirms our agreement to employ you to direct the project described as follows:

DIRECTOR INFORMATION

Name: _____ SSN#: _____

Loanout: _____ FID.#: _____

Address: _____ Tel.#: _____

Salary (U.S.): \$ _____ per Show per Week per Day

Additional Time: \$ _____ per Week per Day

Start Date (on or about): _____ Guaranteed Period: _____ Days Weeks

If this is the employee's first DGA-covered employment, check here (optional): Yes

PROJECT INFORMATION

Project Title: _____

Episode/Segment Title: _____ Project ID # (if applicable): _____

Length of Program: 30 min 60 min 90 min 120 min Other (specify length): _____

Type of Production: Multi-Camera Single Camera Is this a Pilot?: Yes No

Produced Primarily for: Network or FBC Prime-Time Network or FBC non-Prime-Time Basic Cable Pay TV
 Non-Network Prime-Time Non-Network non-Prime-Time Videodisc/Videocassette

If this is dramatic program made primarily for basic cable, what is the budget? \$ _____ (U.S. dollars)

If this is a project produced mainly for pay television, is the number of subscribers to the pay television service(s) to which the program is licensed at the time of the Director's employment 6,000,000 or less? Yes No

If this is a project produced mainly for pay television, is the budget \$5,000,000 or more? Yes No

Check, if applicable: Second Unit Director Segment

INDIVIDUAL having final cutting authority over the project is: _____

Other Conditions (include credit above minimum): _____

You hereby authorize your Employer, _____, to deduct from the salary payable to you the amount specified in the Directors Guild of America Basic Agreement as the employee's contribution to the Directors Guild of America - Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on your behalf.

THE UNDERSIGNED RESERVES THE RIGHT TO DISCHARGE THE EMPLOYEE AT ANY TIME SUBJECT ONLY TO THE OBLIGATION TO PAY THE BALANCE OF ANY COMPENSATION DUE, TO THE EXTENT REQUIRED BY THE DGA BASIC AGREEMENT, TO WHICH THIS EMPLOYMENT IS SUBJECT.

Accepted and Agreed: _____ Signatory Co. (print): _____

Employee: _____ By: _____

Date: _____ Date: _____