



# EXHIBIT A-2

This Contract is subject to all of the terms and conditions that pertain to Extra Performers of the Screen Actors Guild-American Federation of Television and Radio Artists Commercials Contract.

Date: \_\_\_\_\_

Est #: \_\_\_\_\_

## STANDARD EMPLOYMENT CONTRACT FOR PERFORMERS ENGAGED AS EXTRAS IN TELEVISION COMMERCIALS

Between (Producer) \_\_\_\_\_, and (Performer) \_\_\_\_\_.

**Producer engages Performer and Performer agrees to perform services for Producer in Television Commercials as follows:**

Commercial Title(s) \_\_\_\_\_ Ad-ID® No(s): \_\_\_\_\_ No. of Commercials: \_\_\_\_\_

For Agency: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Advertiser: \_\_\_\_\_ Product(s): \_\_\_\_\_ Place of Engagement: \_\_\_\_\_ City & State: \_\_\_\_\_

Date(s) of Engagement: \_\_\_\_\_ Time of Engagement: From: \_\_\_\_\_ To: \_\_\_\_\_

Compensation: \_\_\_\_\_

Category	Type	Adjustments
<input type="checkbox"/> Commercial Extra Performer	<input type="checkbox"/> 13 Weeks Use	<input type="checkbox"/> Wet, Snow, Smoke or Dust (\$46.95)
<input type="checkbox"/> Hand Model	<input type="checkbox"/> Unlimited Use	<input type="checkbox"/> Hazard Adjustment \$ _____
<input type="checkbox"/> Stand-In	<input type="checkbox"/> Produced for Cable Only	<input type="checkbox"/> Make-up, Skull Cap, Hair Goods (\$36.90)
<input type="checkbox"/> Photo Double	<input type="checkbox"/> Produced for Internet Only	<input type="checkbox"/> Night Premium \$ _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Produced for New Media Only	<input type="checkbox"/> Other: _____

Allowances	Props
<input type="checkbox"/> Travel within Studio Zone (\$8.00) Payable	<input type="checkbox"/> Bicycle (\$12.60)
<input type="checkbox"/> Flight Insurance (\$11.80) Payable	<input type="checkbox"/> Binoculars or Opera Glasses(\$5.75)
<b>Wardrobe to be furnished by:</b>	<input type="checkbox"/> Books (\$2.60 each)
<input type="checkbox"/> PRODUCER <input type="checkbox"/> PERFORMER	<input type="checkbox"/> Camera (\$5.75)
If furnished by Extra Performer,	<input type="checkbox"/> Cell Phone or PDA (\$5.75)
# of Costumes requested by Producer:	<input type="checkbox"/> Golf Club & Bag (\$12.55)
<input type="checkbox"/> Non Evening Wear @ \$17.95 ea. _____	<input type="checkbox"/> iPod or other MP3 Player(\$5.75)
<input type="checkbox"/> Evening Wear @ \$29.90 ea. _____	<input type="checkbox"/> Laptop (\$5.75)
<input type="checkbox"/> Total Wardrobe Fee \$ _____	<input type="checkbox"/> Luggage (\$5.75 ea. piece) includes book bags & briefcases
<input type="checkbox"/> Vehicle & Type	<input type="checkbox"/> Pet (\$24.00)
<input type="checkbox"/> Moped (\$18.85)	<input type="checkbox"/> Radio - Large portable (\$5.75)
Type: _____	<input type="checkbox"/> Skates or Skateboard (\$9.45)
Tolls \$ _____	<input type="checkbox"/> Skis (\$12.55) includes poles & boots
Mileage \$ _____	<input type="checkbox"/> Tennis Racquet (\$5.75) if not already paid as part of wardrobe
Parking \$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Automobile (\$37.65) includes trailer/motorcycle	Fee \$ _____
Type: _____	
Tolls \$ _____	
Mileage \$ _____	
Parking \$ _____	

**Extra Performer authorizes Producer to make payment to Extra Performer as follows:**

To Extra Performer at (address): \_\_\_\_\_

**I am represented on this production by talent agency: \_\_\_\_\_ Agent's commission of: \_\_\_\_\_ % to be included in gross pay.**

To Extra Performer c/o: (name) \_\_\_\_\_ (address) \_\_\_\_\_

**SPECIAL PROVISIONS:**

Performer acknowledges that he or she has read all the terms and conditions in the Special Provisions herein and hereby agrees thereto.

\_\_\_\_\_  
(Signature of Performer)

**PRODUCER** (Name of Company) \_\_\_\_\_ Signed By (Producer) \_\_\_\_\_

The Performer has the right to consult with his/her representative or SAG-AFTRA before signing this contract.

Signed by **PERFORMER** \_\_\_\_\_

**MINORS ONLY:** If Extra Performer is a minor (under 21 years of age) this contract must be signed below by a parent or guardian. I, the undersigned, hereby state that I am the parent/guardian of the above named Extra Performer and do hereby consent and give my permission to this agreement.

Signature of Parent/Guardian: \_\_\_\_\_  Mother  Father  Guardian

DATE	WORKTIME		MEALS		MAKEUP/FITTING		TRAVEL TO LOC		TRAVEL FROM LOC		PERFORMER'S INITIALS
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	

**Employer of Record for income tax and unemployment insurance purposes:**  
 Talent Entertainment And Media Services, Inc.  
**dba TEAM**  
 901 W. Alameda Ave., Suite 100  
 Burbank, CA 91506-2801

**Performer's Tel:** \_\_\_\_\_ **Performer's Email:** \_\_\_\_\_

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>	OMB No. 1545-0074
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here _____ ▶		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.) ▶ \_\_\_\_\_ **Date** ▶ \_\_\_\_\_

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>Talent, Entertainment and Media Services, Inc. dba TEAM</b>	9 Office code (optional) _____	10 Employer identification number (EIN) _____
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