

STANDARD EMPLOYMENT CONTRACT FOR RADIO COMERCIALS



SAG-AFTRA

Job#: _____ Date: _____

Between _____, Producer, and _____ Performer.

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

Commercial Title	Ad-ID	Length	# Spots	# Tags	Total
					Spots: _____
					Tags: _____
					Demos: _____

Check if applicable: Commercial(s) made for Initial use on the Internet in New Media

Services performed: Date: _____ Studio: _____ City: _____ State: _____

Advertising Agency: _____ as agent for Advertiser: _____ Product: _____

Agency Address: _____ City: _____ State: _____ Zip: _____

Classification:

- Announcer
- Actor, Actress
- Singer
- Group Speaker
- Solo or Duo
- Group 3-5
- Group 6-8
- Group 9 or more
- Contractor
- Sound Effects Performer
- Spanish Language Translation Services Performed

Singers:

- Group: Multiple tracking &/or sweetening? Yes No
- Solo/Duo: Multiple tracking? Yes No
- Sweetening? Yes → # of Tracks: _____
- No

Compensation: _____

Part to be Played: _____

- Performer DOES NOT consent to the use of his/her services in commercials made hereunder on the Internet.
- Performer DOES NOT consent to the use of his/her services in commercials made hereunder in New Media.

Performer – Notices and Payments:

Until Performer shall otherwise direct in writing, Performer authorizes Producer to make all payments to which Performer may be entitled hereunder as follows:

- To Performer at address in signature block below.
- To Performer c/o Talent Agency: _____ Attn: _____
- Address: _____ Zip: _____

*This contract is subject to all of the above terms and conditions of the **SAG-AFTRA Radio Recorded Commercials Contract**. The standard provisions printed on page 2 hereof are a part of this contract. If this contract provides for compensation at the SAG-AFTRA minimum, no addition, changes or alterations may be made in this form other than those which are more favorable to the Performer than herein provided. If this contract provides for compensation above the SAG-AFTRA minimum, additions may be agreed to between Producer and Performer which do not conflict with the provisions of the **SAG-AFTRA Radio Recorded Commercials Contract**, provided that such additional provisions are separately set forth under "Special Provisions" hereof and signed by the Performer.*

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

Employer of Record for income tax and unemployment insurance is:
**TEAM - 901 W. Alameda Ave, #100
Burbank, CA 91506**

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

PERFORMER:

Signed: _____
Print Name: _____
Loan Out Name: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

PRODUCER – Notices to go to this address:

Company Name: _____
Signed By: _____
Print Name/Title: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

MINORS: If Performer is 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 above named Performer's parent or guardian and do hereby consent and give my Permission to this agreement.

Signature: _____ Date: _____ Check One: Father Mother Guardian

**STANDARD EMPLOYMENT CONTRACT
FOR RADIO COMMERCIALS**
TIME SHEET, STANDARD PROVISIONS & W-4

HOURS EMPLOYED

DATE	FROM	TO	MEAL BREAK	FROM	TO	PERFORMER SIGNATURE

IMPORTANT PROVISIONS. PLEASE READ CAREFULLY.

STANDARD PROVISIONS

1. Theatrical/Industrial Use (Strike the paragraph below if such rights are not granted by Performer)

Producer shall have the right to the commercial(s) produced hereunder for Theatrical & Industrial use as defined and for the period permitted in the SAG-AFTRA Radio Recorded Commercials Contract, for which Producer shall pay Performer not less than the additional compensation therein provided.

2. Arbitration

All disputes and controversies of every kind and nature arising out of or in connection with this Contract shall be subject to arbitration as provided in Section 64 of the SAG-AFTRA Radio Recorded Commercial Contract.

3. Producer's Rights

Performer acknowledges that Performer has no right, title or interest of any kind of nature whatsoever in or to the commercial(s). A role owned or created by Producer belongs to Producer and not to Performer.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.				
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 _____, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7			
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.) TALENT ENTERTAINMENT AND MEDIA SERVICES, INC. dba TEAM		9 Office code (optional)	10 Employer identification number (EIN)