

SAG-AFTRA Sound Recordings
Session Report
and H&R Report

Signatory Company Name

Address

Job Number

Screen Actors Guild - American Federation of Television and Radio Artists

260 Madison Avenue
New York, NY 10016
(212) 532-0800

5757 Wilshire Blvd., Suite 900
Los Angeles, CA 90036-3689
(323) 634-8100

1108 17th Avenue South
Nashville, TN 37212
(615) 327-2944

One East Erie, Suite 650
Chicago, IL 60611
(312) 573-8081

NOTICE:

It is the responsibility of the Member to file the original copy of the report with the SAG-AFTRA Local Office within 48 hours of the session and deliver all other copies to employer at end of session.

Type of Recording: Single Album Classical Conversion Music Video Move-Over Other

Date of Employment _____ Recording Studio _____ Address _____

Featured Artist / Project Title _____ Label _____

Producer _____ Address _____ Phone No. _____

Song No.	Record (Title)	MUST PROVIDE		Song No.	Record (Title)	MUST PROVIDE	
		OverDubs	Playing Time			OverDubs	Playing Time
1				5			
2				6			
3				7			
4				8			

List All Artists (Incl. Royalty Artist) Name (Last, First, MI) Social Security Number	Home Address (Street, City, State & Zip)	Song No.	Cate- gory	Time		No. of Sides	No. of Hours	Gross Compensation
				From	To			

This engagement governed by and subject to the applicable terms of the SAG-AFTRA National Code of Fair Practice for Sound Recordings _____
 Total All Gross Compensation _____
 13% SAG-AFTRA Health & Retirement _____

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Key to Category	Groups 9-16	S9	Groups 36 Plus	S36	Sound Effects	SE	Narrator	N
Soloists-Duos	Groups 17-24	S17	Contractor	CM	Actor	A	Announcer	ANN
Groups 3-8	Groups 25-35	S25	Step-Out	S0	Comedian	CM		

Additional Remarks _____

Signature of Employer or Representative _____ Signature of SAG-AFTRA Member _____ Phone No. _____ Date _____