PLEASE FORWARD TO THE RESIDUALS DEPARTMENT FOR INCLUSION ON FINAL CAST LIST

SAG·AFTRA

SAG-AFTRA PERFORMERS PRODUCTION TIME REPORT

Exhibit G

Picture Title_____

Company_____ Production No._____ Date_____ Contact _____ Phone No. _____

Shooting Location_____ Is Today a Designated Day off?* Yes ☐ No ☐ Production Type: MP ☐ TV ☐ MOW ☐ Industrial ☐ Other ☐

SELECT FROM DROP-DOWN LIST

WORK - W REHEARSAL - FITTING - FT TRAVEL - TR
START - S HOLD - H TEST - T FINISH - F

CAST	MINOR?	CHARACTER		Report Makeup Wardrobe	WORK TIME		Dismiss Makeup Wardrobe	MEALS						TRAVEL TIME				Stunt Adj.	Minors Tutoring Time	WARDROBE	Forced Call	MPVs	PERFORMER'S SIGNATURE
								ND Meal		1ST MEAL		2ND MEAL											
					Report on Set	Dismiss on Set		In	Out	Start	Finish	Start	Finish	Leave for Location	Arrive on Location	Leave Location	Arrive at Studio			No. of Outfits Provided			

*This refers to the two (2) days (one (1) day on overnight location) which Producer can designate as day(s) off for the production for which performers are not paid continuous employment.