SCREEN ACTORS GUILD PERFORMERS PRODUCTION TIME REPORT

Exhibit G

Picture Title_____

Company_____ Prod. No._____ Date_____ Contact_____ Phone No. ( )_____

Shooting Location _____ Is Today a Designated Day Off? * Yes___ No___ MP___ TV___ MOW____ Industrial____ Other_____

Please Complete in Ink

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

CAST	MINOR?	CHARACTER	W S R TR FT H F T	Report Makeup Wdbe.	WORK TIME: Report on set	WORK TIME: Dismiss on set	Dismiss Makeup Wardrobe	In Out: ND Meal	MEALS: 1st Meal Start	MEALS: 1st Meal Finish	MEALS: 2nd Meal Start	MEALS: 2nd Meal Finish	TRAVEL TIME: Leave for Location	TRAVEL TIME: Arrive on Location	TRAVEL TIME: Leave Location	TRAVEL TIME: Arrive at Studio	Stunt Adj.	Minors Tutoring Time	Wardrobe: No. of Outfits Provided	Forced Call: MPV'S	PERFORMER'S SIGNATURE

*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.