

# New York State Wage Theft Prevention Act

## ADDENDUM TO STANDARD SAG-AFTRA EMPLOYMENT CONTRACT FOR AUDIO COMMERCIALS

New York State requires that ALL employees be given notice of their rate of pay, wage status and payday at time of hire. Your rate of pay is disclosed in the chart below based upon the selections made on page one of the Standard SAG-AFTRA Employment Contract for Audio Commercials. Additional responsibilities or time added to your employment during the recording session will be calculated at the contractual rates set forth below.

STANDARD AUDIO	SESSION (90 MINUTES)	WITH MULTI-TRACKING
<b>Actor, Announcer, Solo, Duo, Group Singers/Speakers</b>	316.00	474.00
<b>3-5</b>	232.80	349.20
<b>6-8</b>	206.00	309.00
<b>9+</b>	182.70	274.05

NON AIR DEMO – SESSION/60 MINUTES				
<b>Actor, Announcer</b>	Session	217.77	Add'l ¼ hour	54.44
<b>Solo, Duo</b>	Up to 4 Commercials	219.75	Add'l ½ hour	54.95
<b>Group 3 or More</b>	Session	143.65	Add'l ½ hour or comm'l	35.90

PUBLIC SERVICE ANNOUNCEMENTS	SESSION (COVERS ONE YEAR)
<b>Actor, Announcer, Solo, Duo</b>	316.00
<b>Group Singers/Speakers 3-5</b>	232.80
<b>Group Singers/Speakers 6-8</b>	206.00
<b>Group Singers/Speakers 9+</b>	182.70

SOUND EFFECTS	
<b>Minimum fee for first hour</b>	243.01
<b>Each hour beyond the 1st hour</b>	162.02
<b>Paid in ½ hour segments</b>	81.04
<b>Dealers Sessions (26 weeks)</b>	270.68
<b>Dealers Sessions (8 weeks)</b>	256.84
<b>Holiday Work</b>	Double what the performer would receive for a weekday.

**Allowances:** No deductions will be made from your payment for allowances of any kind.

**Date of Payment:** Payment of session for services rendered for each commercial shall be made not later than fifteen (15) working days after the day or days of employment.

**Contact:** Extreme Reach, Inc.,  
111 W. Jackson Blvd., Suite 1525,  
Chicago, IL 60604  
Tel 312 726 4404

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Phone

On the date set forth below, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday.

\_\_\_\_\_  
Signature of Performer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Performer Name

Distribute signed copies of form as follows:  
One copy to Employee, One copy to Contact listed above.

Any questions? Get in touch at [talentsupport@extremereach.com](mailto:talentsupport@extremereach.com)

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