

**STANDARD SAG-AFTRA EMPLOYMENT CONTRACT  
CORPORATE/EDUCATIONAL AND NON-BROADCAST**

Extreme Reach Talent, Inc., 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604, (312) 726-4404, is the Employer of Record solely for the purpose of taxes, workers' compensation and unemployment insurance.

Producer to Complete	
Date	Job#
Please return to	

This Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Between (Producer): \_\_\_\_\_ and (Performer): \_\_\_\_\_

1. SERVICES. Producer engages Performer and Performer agrees to perform services in a program tentatively entitled \_\_\_\_\_ to portray the role of \_\_\_\_\_ to be produced on behalf of (client) \_\_\_\_\_ at Studio, City, State \_\_\_\_\_

2. CATEGORY. Indicate the initial primary use of the program.  Category I. Industrial/Educational  Category II. Point of Purchase (Includes Cat. I.)

3. NUMBER OF CLIENTS. Indicate the number of clients for which the program will be used. \_\_\_\_\_

4. TERM. Performer's employment shall be for the continuous period commencing \_\_\_\_\_ and continuing until completion of photography and recordation of said role. Exception (for Day Performers Only) Performer may be dismissed and recalled without payment for intervening period provided Performer is given a firm recall date at time of engagement. If applicable, Performer's firm recall date is \_\_\_\_\_

5. COMPENSATION. Producer employs Performer as  On-Camera  Off-Camera  On-Camera Narrator/Spokesperson  
 Day Performer  1/2 Day Performer (restricted terms)  Singer, Solo/Duo  General Background Actor  
 3-Day Performer  Dancer, Solo/Duo  Singer, Group  Special Ability Background Actor  
 Weekly Performer  Dancer, Group  Singer, Step Out  Silent Bit Background Actor

At the Salary of: On-Camera \_\_\_\_\_ per  Day  3-Day  Week

Off-Camera \_\_\_\_\_ for the first hour, \_\_\_\_\_ for each additional half hour.

Producer must mail payment not later than thirty (30) calendar days after employment.

6. OVERTIME. All overtime rates MUST be computed on Performer's full contractual rate, up to permitted ceilings (NO CREDITING). Straight time is 1/8th of Day Performer's Rate, 1/24th of 3-Day Performer's Rate, 1/40th of Weekly Performer's Rate. Time-and-one-half rate: payable per hour (1.5 x straight time rate.) Double time rate: payable per hour (2 x straight time rate). See the Basic Contract for details. Weekly and 3-Day Performer for time-and-one-half and doubletime rates per hour.

7. WEEKLY CONVERSION RATE. See the applicable Basic Contract for details (Day Performer or 3-Day Performers Only).

The Performer's weekly conversion rate is \_\_\_\_\_

8. PAYMENT ADDRESS. Performer's payment shall be sent to the appropriate Union office in city nearest recording site.

Agent Name and Address \_\_\_\_\_

9. ADDITIONAL COMPENSATION FOR SUPPLEMENTAL USE. Producer may acquire the following supplemental use rights by the payment of the indicated amounts. (Check appropriate items below.) See Section 9 of the Basic Contract for details of payment.

	Total Applicable Salary	
	Within 90 Days	Beyond 90 Days
<input type="checkbox"/> A. Basic Cable Television, 3 Years. Supplemental Use rights are a % of the total actual salary	15%	65%
<input type="checkbox"/> B. Non-Network Television, unlimited runs	75%	125%
<input type="checkbox"/> C. Theatrical Exhibition, unlimited runs	100%	150%
<input type="checkbox"/> D. Foreign Television, unlimited runs outside US and Canada	25%	75%
<input type="checkbox"/> E. Integration and/or Customization	100%	100%
<input type="checkbox"/> F. Sale and/or Rental to Industry	15%	25%
<input type="checkbox"/> G. "Package" Rights to A, B, C, D, E, and F	200%	not available
<input type="checkbox"/> H. Category II (Category I program only)	50%	100%
<input type="checkbox"/> I. Network Television (available only by prior negotiation with and approval of the Union) (Performer does not consent to the use of his/her services made hereunder)		
<input type="checkbox"/> J. Pay Cable Television (available only by prior negotiation with and approval of the Union) (Performer does not consent to the use of his/her services made hereunder)		
<input type="checkbox"/> K. Group Dancers (See Basic Contract for payment provisions)		
<input type="checkbox"/> L. Program for Government Service Only	40%	not available

Date Worked	Work From/To		Meals From/To		Travel to Loc From/To		Travel from Loc From/To		Makeup/Fitting From/To	
Performer Signature										

10. SALE AND/OR RENTAL OF PROGRAMS TO THE GENERAL PUBLIC. Producer may acquire sale/rental rights for an additional 200% of scale for the number of days worked.

11. WARDROBE. Wardrobe furnished by:

If Principal Performer furnishes own wardrobe, the following fees shall apply for each two-day period or portion thereof.

Ordinary Wardrobe (\$19 minimum): \_\_\_\_\_ ; Evening or Formal Wear (\$29 minimum): \_\_\_\_\_

If Extra Performer furnishes own wardrobe, the following fees shall apply.

# of Ordinary Wardrobe changes (1st change at \$19, each additional at \$6): \_\_\_\_\_ ; # of Evening or Formal Wear changes (\$29 each): \_\_\_\_\_

12. SPECIAL PROVISIONS.

13. GENERAL. All terms and conditions of the current SAG-AFTRA Corporate/Educational & Non-Broadcast Contract (Basic Contract) shall be applicable to such employment.

Performer (Print Name): \_\_\_\_\_ Producer (Name, Title, Company): \_\_\_\_\_

Performer Telephone Number: \_\_\_\_\_ Producer Telephone Number: \_\_\_\_\_

Performer Email: \_\_\_\_\_ Producer Email: \_\_\_\_\_

Performer Address: \_\_\_\_\_ Producer Address: \_\_\_\_\_

Performer Signature: \_\_\_\_\_ Producer Signature: \_\_\_\_\_

Note: Performer must complete W-4 form; if minor, parent or guardian must sign.

The Employee's Withholding Allowance Certificate (W-4) below may be submitted as a substitute for the IRS form. If you need the complete tables, instructions and worksheets, please go to [www.irs.gov/pub/irs-pdf/fw4.pdf](http://www.irs.gov/pub/irs-pdf/fw4.pdf) or our web site at [extremereach.com/talent-resources](http://extremereach.com/talent-resources).

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2019</div>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . .		<b>5</b>		<b>6</b> \$	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>			
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . <b>7</b>					
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►				<b>Date</b> ►	
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)	