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		Dismiss Makeup Wardrobe	In Out	MEALS				TRAVEL TIME				Stunt Adj.	Minors Tutoring Time	Wardrobe	Forced Call	PERFORMER'S SIGNATURE
									1st Meal		2nd Meal										
					Report on set	Dismiss on set		ND Meal	Start	Finish	Start	Finish	Leave for Location	Arrive on Location	Leave Location	Arrive at Studio			No. of Outfits Provided	MPV'S	

*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.