



**SAG-AFTRA**

**SAG-AFTRA  
INTERACTIVE & NEW MEDIA  
PRINCIPAL TAFT/HARTLEY REPORT**

Please be advised that it is the Producer's responsibility to complete this report in its entirety, or it will be returned for completion. **This report must be submitted to SAG within 15 days from the date of the first employment of a non-member (25 days if on an overnight location.)**

Resume   
Photo

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth (if minor): \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail (optional): \_\_\_\_\_

**EMPLOYER INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check one:  Casting Agency  Studio  Production Co.  Other: \_\_\_\_\_

**EMPLOYMENT INFORMATION (check one selection from each)**

<p><u>CONTRACT TYPE</u></p> <input type="checkbox"/> Interactive <input type="checkbox"/> New Media	<p><u>ENGAGEMENT CONTACT</u></p> <input type="checkbox"/> Daily <input type="checkbox"/> 3-Day (TV only) <input type="checkbox"/> Weekly	<p><u>PERFORMER CATEGORY</u></p> <input type="checkbox"/> Actor <input type="checkbox"/> Stunt <input type="checkbox"/> Singer <input type="checkbox"/> Stunt Coordinator <input type="checkbox"/> Dancer <input type="checkbox"/> Other: _____
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Work Date(s): \_\_\_\_\_ Salary: \_\_\_\_\_  
 Production Title: \_\_\_\_\_ Production # \_\_\_\_\_  
 Shooting Location(s) (City/State): \_\_\_\_\_  
 Reason for Hire: **COMPLETE REVERSE SIDE AND ATTACH APPROPRIATE DOCUMENTATION.**

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Producer  / Casting Dir.  Phone: \_\_\_\_\_  
(Check one)

**PLEASE NOTE**

- SEND ALL INTERACTIVE & NEW MEDIA REPORTS TO THE FOLLOWING ADDRESS:

**SAG-AFTRA  
 ATTN: NEW MEDIA DEPARTMENT, 7<sup>TH</sup> FLOOR  
 5757 WILSHIRE BLVD.  
 LOS ANGELES, CA 90036**

