

**AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR ALL VIDEOTAPE/LIVE TELEVISION/CABLE TV/PUBLIC TV**

RPN^o. _____

DATE: _____
 NAME OF PROGRAM: _____
 TITLE OR SHOW#: _____
 GUEST STARS: _____

 PRODUCER: _____
 PRODUCER'S ADDRESS: _____

 NETWORK: _____ STATION: _____
 TAPE DATE: _____ AIR DATE: _____
 RE-USE DATE: _____ PROGRAM LENGTH: _____

ORIGINAL SESSION AFM LOCAL No. _____
 Recording Date: _____ No. of Musicians: _____
 Recording Studio: _____
 City: _____ State: _____
 Hours of Employment: _____
RE-USE, NEW USE OR OTHER
 Original Report Form No.: _____
 Original Recording Date: _____

<u>Additional Info</u>	<u>Check here if</u>
<input type="checkbox"/> Theme	<input type="checkbox"/> Compilation
<input type="checkbox"/> Variety Shows	<input type="checkbox"/> Clip Use
<input type="checkbox"/> Other Program _____	<input type="checkbox"/> Needle Drop _____ Hrs.

Check 1 and only 1 from each of these three columns.

<u>Payment Type</u>	<u>Medium</u>	<u>Rates</u>
<input type="checkbox"/> Original Session	<input type="checkbox"/> Videotape (Comm'l Network)	<input type="checkbox"/> Domestic (Nat'l)
<input type="checkbox"/> Re-Use	<input type="checkbox"/> Videotape (Comm'l Synd)	<input type="checkbox"/> Foreign
<input type="checkbox"/> New Use	<input type="checkbox"/> Cable (Non Standard Pay TV)	<input type="checkbox"/> Local
<input type="checkbox"/> Excerpt Use	<input type="checkbox"/> Basic Cable	<input type="checkbox"/> Audition
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Public TV	
<input type="checkbox"/> Market	<input type="checkbox"/> TV Station I.D.'s	
	<input type="checkbox"/> Telethon	
	<input type="checkbox"/> Videocassette Release	
	<input type="checkbox"/> In-Flight	
	<input type="checkbox"/> Other _____	

MEMO

EMPLOYER OF RECORD (e.g. Payroll Service) _____
 SIGNATORY OF RECORD:
 For Session Payments _____ Address _____
 For All Other Payments _____ Address _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM agreement in effect at the time of such engagement.
 Signatory of Record's Signature _____ Leader's Signature _____
 Print Name of Signer _____ Phone _____ Leader's Phone _____

REHEARSALS/PRE-RECORD/TAPE USE					PAY SCHEDULE	
Date	Start	Dism'd	Hours	Span	Air & Min. Reh. \$	Meal Pen.

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID # as applicable)	D O U B L E S	WAGES (1) CARTAGE		PENSION CONTRIBUTION	H. & W.
	LAST	FIRST	INITIAL							
			(LEADER)					<input type="checkbox"/>		
1								<input type="checkbox"/>		
2								<input type="checkbox"/>		
3								<input type="checkbox"/>		
4								<input type="checkbox"/>		
5								<input type="checkbox"/>		
6								<input type="checkbox"/>		
7								<input type="checkbox"/>		
8								<input type="checkbox"/>		
9								<input type="checkbox"/>		
10			(ARR)					<input type="checkbox"/>		
11			(ORC)					<input type="checkbox"/>		
12			(COPY)					<input type="checkbox"/>		

(1) Insert X if wages being paid are overscale.
 Include all Music Preparation on this form along with attached copies of invoices.
FOR FUND USE ONLY:

TOTAL H&W CONTRIBUTIONS _____
 TOTAL PENSION CONTRIBUTIONS _____

