

PRODUCTION INFORMATION SHEET

Please fill in information below and submit to the union office. As some of this information will be used for the Production List, please indicate if any information is confidential and not for publication.

Name of Production: _____ *

Production Company: _____ *

Studio/Backer: _____ *

Prep Date: _____ * **Target Wrap:** _____

Shoot Dates: _____ until _____ (approx)

Type of Show: Pilot _____ Series _____ MOW _____ Feature _____

Other: _____

Production Staff: **PC:** _____ *

1st APC: _____ **2nd APC:** _____

PA: _____

TC/OTHER: _____

Address w/ Postal Code: _____ *

Office: _____ **Fax:** _____
(with area code) (with area code)

E-mail: _____

Ex-Producers: _____

Producer(s): _____

P.M/APM: _____

COVID Supervisor: _____

Director: _____

PRODUCTION INFORMATION SHEET

Studio Contacts: _____ *

Tech Union Affiliation: _____ *

COVID Testing Schedule: Office: _____ Craft/HWO: _____ *

Contracts Sent: _____ Received: _____

Contact Meeting: _____

Budget /Tier: _____

Fringes: _____

Bond/Corp Guarantee: _____

Date Received: _____ Returned: _____

Payroll Service: _____ *

Accountant: _____ *

Payroll Email: _____ *

Craftservice Co.: _____ *

Craft Personnel: _____

Honeywagon Co.: _____

Honeywagon Op: _____

Location(s): _____

Hours of Work &: _____

Work Week: _____

Wknd TA: _____

Holidays: _____

NOTES: _____

***Asterisks indicate information required from Production. ***
Other areas will be completed by the Local.