

**NEW YORK STATE WAGE THEFT PREVENTION ACT
ADDENDUM TO STANDARD AFTRA/SCREEN ACTORS GUILD EMPLOYMENT CONTRACT
FOR PERFORMERS ENGAGED AS EXTRAS IN TELEVISION COMMERCIALS**

New York State requires that ALL employees be given notice of their rate of pay, wage status and payday at time of hire. Your rate of pay is disclosed in the chart below based upon the selections made on page one of Exhibit A-2 Standard AFTRA/SAG Employment Contract for Performers Engaged as Extras in Television Commercials. Additional responsibilities or time added to your employment during the shoot will be calculated at the contractual rates set forth below:

General Extra Buyout		Hand Model Buyout	
8 hour session	\$323.00	8 hour session	\$492.90
Hourly Units	\$40.38	Hourly Units	\$61.61
1/2 hourly Units	\$20.19	1/2 Hourly Units	\$30.81
1/4 hourly Units	\$10.10	1/4 hourly units	\$15.40
General Extra 13 Week		Hand Model 13 week	
8 hour session	\$187.50	8 hour session	\$327.85
Hourly Units	\$23.44	Hourly Units	\$40.98
1/2 Hourly Units	\$11.72	1/2 Hourly Units	\$20.49
1/4 hourly units	\$5.86	1/4 hourly units	\$10.25

Made for Cable Only	Hand Model	General Extra	Standard Opening or Closing	\$103.35
1st Commercial with 1 year use	\$492.90	\$323.00	Stand-in or Photographic Double (in addition to other extra work)	Add'l compensation of not less than an add'l day's pay.
Additional Cable Commercials in day	\$123.30	\$80.80	Overtime	Time and a half for the 9 th and 10 th hrs and double time thereafter, in hourly units.

Allowance: No deductions will be made from wages for allowances of any kind.

Date of Payment: Payment of session for services rendered for each commercial shall be made not later than twelve (12) working days after the day or days of employment.

Contact: Extreme Reach (Attn: Spotlight Business Affairs), 20 N. Wacker Dr., Suite 2500, Chicago, IL 60606 tel 312-726-4404

Producer Name

Phone

On the date set forth below, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday.

Signature of Performer

Date

Print Performer Name

Distribute signed copies of form as follows: One copy to Employee, One copy to Contact listed above.