

**NEW YORK STATE WAGE THEFT PREVENTION ACT
ADDENDUM TO STANDARD AFTRA EMPLOYMENT CONTRACT FOR RADIO 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 the Standard AFTRA Employment Contract for Radio Commercials. Additional responsibilities or time added to your employment during the recording session will be calculated at the contractual rates set forth below:

STANDARD RADIO	Session (90 Minutes)	With Multi-Tracking
ACTOR, ANNOUNCER, SOLO, DUO	\$262.85	\$394.28
GROUP SINGERS/SPEAKERS:		
3-5	\$193.65	\$290.48
6-8	\$171.35	\$257.03
9 +	\$152.00	\$228.00
NON AIR DEMO – Session/60 Minutes		
ACTOR, ANNOUNCER	Session: \$181.15	Add'l 1/4 hour: \$45.30
SOLO, DUO	Up to 4 Commercials: \$182.80	Add'l 1/2 hour or comm'l: \$45.70
GROUP 3 OR MORE	Session: \$119.50	Add'l 1/2 hour or comm'l: \$29.85
PUBLIC SERVICE ANNOUNCEMENTS (COVERS ONE YEAR)		
ACTOR, ANNOUNCER	Session: \$594.65	
SOLO, DUO	Session: \$617.50	
GROUP SINGERS/SPEAKERS	Session:	
3-5	\$402.60	
6-8	\$322.05	
9 +	\$201.40	
Sound Effects		
Minimum fee for first hour		\$202.10
Each hour beyond the 1st hour		\$134.75
Paid in 1/2 hour segments		\$67.35
Dealer Sessions		\$225.15
Saturday and Sunday Work	A performer whose rate is double scale or less shall receive double the amount the performer would receive for a weekday. A performer whose rate is more than double scale shall receive 1.5x what the performer would receive for a weekday.	
Holiday Work	Double what the performer would receive for a weekday.	

Allowances: No deductions will be made from your payment 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.