REVOLUTION
ENTERTAINMENT SERVICES

EMPLOYEE START SLIP

1500 West Georgia, Suite 1300
Vancouver, BC V6G 2Z6
(866) 618-9428
www.revolutiones.com

PRODUCTION INFORMATION

PRODUCTION COMPANY	PROJECT TITLE/JOB #

EMPLOYEE INFORMATION

EMPLOYEE NAME		S.I.N.	DATE OF BIRTH MM/DD/YYYY
STREET ADDRESS		Email Address	
CITY	PROVINCE	POSTAL CODE	PRIMARY PHONE # ( ) -
COUNTRY OF RESIDENCE	NOTES		
EMERGENCY CONTACT	RELATIONSHIP		EMERGENCY CONTACT PHONE # ( ) -

UNION STATUS (if applicable, otherwise skip this section)

UNION	LOCAL	MEMBER STATUS MEMBER ☐ PERMITEE ☐	MEM/PER #
JOB TITLE/UNION CATEGORY		DEPARTMENT	

DUTIES AND ACCOUNTING INFORMATION

☐ NON-UNION

POSITION	DEPARTMENT	START DATE

Rate: $_____

☐CAD ☐ USD

Per: ☐ Hour ☐ Day* ☐ Week*

Gtd Hrs/Day:

Gtd Days/Week:

*OT Hrly Rate: *$:*

	$ Rate	Per	GL Coding
Kit/Box #1			
Kit/Box #2			
Cell			
Vehicle			
Other			

Non Union Vacation:
☐ In addition to rate, per Empl Standards
☐ In addition to rate, %_____
☐ Included in rate

Notes:

Labour Account coding	Loc	GL/Cost	Set	F1	F2	F3	F4	Ins
Labour								
Fringe								

RESIDENCY DECLARATION

For the purposes of the Income Tax Act of Canada, I will be a resident of Canada for 183 days or more: ◎ Yes ◎ No
I was a resident of the PROVINCE of _____ on December 31st of the year prior to the year in which principal photography for the production commenced.

AKNOWLEDGMENT

I understand that by providing my signature below, I agree to the statement above and below and that these statements shall be used for the protection of Revolution and any relevant production companies to which I am rendering services.

By signing this form, I agree that Revolution may take deductions from my earnings to adjust previous overpayments if and when overpayments may occur, any applicable CRA required deductions or any amount agreed upon a union contract and remit such deductions to the respective parties.

_____ _____ _____ _____

Production Signature **Date** **Employee Signature** **Date**