



Address:

Event:

Client Signature:

City, state:

Date:

Crew Chief Signature:

Write your name in CAPITAL LETTERS



30 minutes minimum off the clock every 5hrs of work. MANDATORY.



Select one - Stagehand, Machine Op, Climber w/harness, Runner, or Crew Chief

xxx-xx-0000



Print Name

Time In

Meal Out

Meal In

Time Out

Position

last 4 of social

Signature

1

2

3

4

5

6

7

8

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16

Parking - in order to receive reimbursement, email a picture of the receipt with your name on it to payroll@stageops.net within 24hrs of receiving.

Payday - every Friday after a 6-day processing.

ATTENTION CREW CHIEF: IN ORDER FOR PAYROLL TO BE PROCESSED ON TIME. SHEET MUST BE COMPLETELY FILLED OUT WITH A PICTURE SENT TO PAYROLL@STAGEOPS.NET, END OF EACH DAY.