



Address: _____

Event: _____

Client Signature: _____

City, state: _____

Date: _____

Crew Chief Signature: _____

**Write your name
PRINT CLEARLY**



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



**Select one -
Stagehand, Machine
Op, Climber, 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

9

10

11

12

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.