

New York State Wage Theft Prevention Act

ADDENDUM TO STANDARD SAG-AFTRA 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 SAG-AFTRA 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 - Effective June 1, 2022	
8 Hour Session	427.30
Hourly Units	53.41
1/2 hourly Units	26.71
1/4 Hourly Units	13.35

HAND MODEL BUYOUT - Effective June 1, 2022		
8 Hour Session	651.80	
Hourly Units	81.48	
1/2 hourly Units	40.74	
1/4 Hourly Units	20.37	

GENERAL EXTRA 13 WEEK - Effective June 1, 2022	
8 Hour Session	247.90
Hourly Units	30.99
1/2 hourly Units	15.49
1/4 Hourly Units	7.75

HAND MODEL 13 WEEK - Effective June 1, 2022		
8 Hour Session	433.50	
Hourly Units	54.19	
1/2 hourly Units	27.09	
1/4 Hourly Units	13.55	

Made for Cable Only	Hand Model	General Extra
1st Commercial with 1 Year Use	651.80	427.30
Additional Cable Commercials in day	163.06	106.86

Standard Opening or Closing	136.67
Stand-in or Photographic Double (in addition to other extra work)	Add'I compensation of not less than an add'I day's pay.
Overtime	Time and a half for the 9th and 10th hrs and double time thereafter, in hourly units.

Allowances:	No deductions will be made from your payment for allowances of any kind. t: Payment of session for services rendered for each commercial shall be made not later than fifteen (15) working days after the day or days of employment.		
Date of Payment:			
Contact:	Extreme Reach Talent, Inc., 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604 Tel 312 726 4404		
Producer Name		Phone	
On the date set for designated payday		y rate, overtime rate (if eligible), allowances, and	
Signature of Perform	er	 Date	
Print Performer Nam	e	_	
_	copies of form as follows: byee, One copy to Contact listed above.		
		ed forms must be distributed: One copy to the mployment documents, and retain a copy for your	

Extreme Reach Talent is the employer of record for the sole purposes of withholding and remitting employment taxes, providing workers' compensation insurance and facilitating unemployment benefit claims.