Roster Placement Application  
Process and Requirements

Please note: The following information is intended only to provide general guidance concerning certain requirements common to many of the motion picture industry collective bargaining agreements and should not be construed as an exhaustive list of requirements for placement on the applicable rosters. In the event information contained in this document is in any way inconsistent with the applicable collective bargaining agreement, the collective bargaining agreement takes precedence.

Roster classifications generally require the following for placement on a roster:

- 1. Roster Application;
- 2. Proof of Days Worked;
- 3. Training Requirements (TCR exempted but eligible to access training)
  - a. "A" — General Safety/IIPP (online course); and
  - b. Harassment Prevention training (applicable HP1 or HP2 online course); and

Your application is not perfected until all placement requirements are met. Some job classifications have additional requirements, such as completion of a color vision test, submission of appropriate license(s), certificate(s), etc. For a specific list of requirements for your roster classification, contact us at cs@csatf.org or 818.565.0550 ext. 1100.

1. **Roster Application:**

   Please complete and submit the application for the roster to which you are applying:
   - Industry Experience Roster (IER)
   - Television Commercial Roster (TCR)
   - Teachers Availability List/Dual Credential Substitute List

   If you are unable to access the application via our website, please contact us at cs@csatf.org or 818.565.0550 ext. 1100.

2. **Proof of Days Worked** (see below for a list of payroll companies and their forms):

   In general, thirty (30) days of qualifying and timely work experience must be submitted to Contract Services from a qualifying employer signed to the applicable collective bargaining agreement (or "union work").

   Proof of employment in the form of an Employment Verification Letter(s) may be requested directly from the company that paid you for the time worked in the classification for which you are applying.

   Employment Verification Letter(s) may be requested directly from the payroll company (e.g., Entertainment Partners, Cast & Crew, Media Services, etc.), production company or studio's Labor Relations Department.

   If your local union and classification allow the use of time worked on non-union production(s) toward roster placement, the number of workdays required varies by local agreement and classification.
You may be asked to submit proof of payment to verify your Employment Verification Letter(s), such as a paystub or W-2.

**Please note:** All workdays are subject to expiration. Additionally, some classifications have different requirements regarding the number of qualifying workdays required and the time period in which those days must have been worked.

3. **Training Requirements:**

   The following training is required for placement on the roster (except TCR). You will have access to the training once you have submitted at least one qualifying workday, as mentioned in the Proof of Days Worked section above (#2), that must be verified by a roster specialist.

   a.  "A" — General Safety/IIPP (online course); and

b.  Harassment Prevention training (applicable HP1 or HP2 online course); and


The "A" — General Safety/IIPP course, the Harassment Prevention training, and "C19" — COVID-19 Prevention Training are online. Go to [www.csatf.org](http://www.csatf.org), select Portal Sign-In, log in, choose your class and enroll. For training information, contact Customer Service at [cs@csatf.org](mailto:cs@csatf.org) or 818.565.0550 ext. 1200. You may take these online courses once it has been determined that you are eligible for training.

If you have questions regarding placement requirements, please contact Customer Service at [cs@csatf.org](mailto:cs@csatf.org) or 818.565.0550 ext. 1100.
Listed below, in alphabetical order, are a few of the major Industry payroll companies and their appropriate contacts to obtain employment verification letters. This list is not intended to be exclusive and/or exhaustive.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Employment Verification Letter</th>
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<tbody>
<tr>
<td>ABS Payroll</td>
<td>818.848.9200</td>
<td><a href="mailto:Molly.McGlamery@abspayroll.net">Molly.McGlamery@abspayroll.net</a></td>
<td>Employment Verification Form</td>
</tr>
<tr>
<td>Cast &amp; Crew Production Payroll, LLC (CAPS)</td>
<td>818.848.6022</td>
<td><a href="mailto:contractserviceletters@castandcrew.com">contractserviceletters@castandcrew.com</a> (Cast &amp; Crew)</td>
<td>Employment Verification Form</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:contractservices@capspayroll.com">contractservices@capspayroll.com</a> (CAPS)</td>
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<tr>
<td>Entertainment Partners (EPSG Management Services) (Pixpay)</td>
<td>818.955.4469</td>
<td><a href="mailto:csrl@ep.com">csrl@ep.com</a></td>
<td>Employment Verification Form</td>
</tr>
<tr>
<td>Extreme Reach</td>
<td>818.729.0080</td>
<td></td>
<td>Employment Verification Form</td>
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<tr>
<td>Greenslate</td>
<td>310.789.2001</td>
<td><a href="mailto:contractservices@gslate.com">contractservices@gslate.com</a></td>
<td>Employment Verification Form</td>
</tr>
<tr>
<td>Media Services, Inc. (PPI) Formerly Film Payment Services, Inc.</td>
<td>310.440.9600</td>
<td><a href="mailto:letterrequests@mediaservices.com">letterrequests@mediaservices.com</a></td>
<td>Employment Verification Form</td>
</tr>
<tr>
<td>NPI Entertainment Payroll, Inc.</td>
<td>818.566.7878 x 2012</td>
<td><a href="mailto:contractservices@npipayroll.com">contractservices@npipayroll.com</a></td>
<td>Employment Verification Form</td>
</tr>
<tr>
<td>Payday (PDSI)</td>
<td>818.859.7640</td>
<td><a href="mailto:frontdesk@pdpayroll.com">frontdesk@pdpayroll.com</a></td>
<td>Employment Verification Letter</td>
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<tr>
<td>The Jacobson Group</td>
<td>310.444.5255</td>
<td></td>
<td>Employment Verification Letter</td>
</tr>
<tr>
<td>The Team Companies</td>
<td>818.558.3261</td>
<td><a href="mailto:production@theteamcompanies.com">production@theteamcompanies.com</a></td>
<td>Employment Verification Form</td>
</tr>
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Contract Services Letter

This form is for requesting a Contract Services Letter. Please note: Letter requests are completed on a first come, first serve basis. We will not be able to complete a letter without a signed copy of this form.

1. Please print clearly.
2. Send this form to Cast & Crew via email: contractserviceletters@castandcrew.com OR • CAPS via email: contractservices@capspayroll.com.
3. Please allow up to seven business days for processing.

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>LAST FOUR OF SSN</th>
<th>DATE OF BIRTH</th>
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<th>MAILING ADDRESS</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<th>PHONE NUMBER</th>
<th>EMAIL</th>
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<tr>
<th>JOB TITLE/CLASSIFICATION</th>
<th>UNION/LOCAL</th>
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<tr>
<th>PRODUCTION TITLE(S) OR TIMEFRAME</th>
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PLEASE INDICATE REASON FOR REQUEST:
- Placement to roster
- Upgrading

TIMEFRAME - For placement, up to one year. For upgrading, up to three years.
- One year
- Three years

PLEASE INDICATE COMPANY:
- Cast & Crew
- CAPS
- Both

SIGNATURE

DATE

2300 Empire Avenue 5th Floor Burbank California 91504 T 818.848.6022 www.castandcrew.com

Click Here For Link!
Contract Services Letter Request

ATTN: Legal/Labor Relations
Information Line: 818.955.4469
Fax: 818.450.0838
Email: csrl@ep.com

Please forward a letter to Contract Services to confirm my days/hours worked. I have provided the following information to process my request:

Name: ____________________________________________________________

Email Address: ____________________________________________________

Mailing Address: ___________________________________________________

SSN:  XXX   -   XX   -   _____   Daytime Phone: (____) __________________

Specific Date Range and/or Project Title Requested: _______________________

Job Classification: ___________________________________________________

Applying to Local: ___________________________________________________

Approximate Day(s) Worked: ___________________________________________

** All requests require handwritten employee signature **

SIGNATURE REQUIRED ______________________________________ DATE

Additional Information:

- We will issue the original letter to Contract Services within 3 to 5 business days with a copy sent to the email address listed on the request above. In the event an email address is not provided, a copy will be mailed to the address above.

- Please be aware the IATSE/Basic Crafts Locals have various requirements for Roster placement but most require a MINIMUM OF THIRTY DAYS worked under the applicable bargaining agreement.

- Should you have any questions or require further information regarding your application, please call Contract Services and/or the appropriate Local.
Need to report your union hours?

Please complete this form to request your contract services letter.

First Name*

Last Name*

Street Address*

City*

State/Region

Zip Code*

Email*

Phone*

Last 4 Digits of Your Social Security Number*

Production Name(s)*

Job Title(s)*

Which Local Are You Applying To?*

From Date* To Date*

Approximate Days Worked*

Send
Contract Services Request Form

First & Last Name

Project(s) Worked

Number of Days Worked

Union

Position/Role

Email

Last 4 Digits of Social (for verification)

Requests for letters are processed within one week of receipt. Please contact danielle.stetzel@g slate.com for assistance.
Contract Service Letter Request

Use this form to submit a request for a Contract Service Letter to be generated on your behalf. Someone from our office will email you once your request is reported to Contract Services. Please be advised that the turnaround for a request is 5 business days.

If you have any additional questions, please email letterrequests@mediaservices.com

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Is this letter for work performed for Film/TV, Commercial, or Both? *
- Film/TV
- Commercial
- Both

First Name: *

Email: *

Last 4 Digits of Social Security Number: *

Union: *

If you are incorporated, enter EIN: *

Last Name: *

Phone: *

Date of Birth: * (MM-DD-YYYY)

Payroll Company (or "Unknown"): *

Year(s) for which you are requesting letter (check all that apply):
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019

If only requesting only part of a year, please enter date range here:

Is this your first request? *
- Yes
- No

Address Line 1: *

City: *

ZIP Code: *

Address Line 2: *

State: *

Additional comments/info:

* By checking this box, I attest that the information above is accurate and complete to the best of my knowledge.

Names:

Submit
FREQUENTLY ASKED QUESTIONS

If you are an employee of NPI and have any questions, the questions and answers below will assist you with address changes, W4 information and changes, W2 information and changes, paycheck questions and more.

Q. How do I change my address?
A. Send an email to accounting@npi payroll.com or a fax to 818-566-7381, or call 818-566-7385 x 204, and include the following information:
   - Full name
   - Social Security Number (last 4 digits)
   - Your current address
   - Your old address
   - Date you moved (or are moving)
   - Your current phone number
   - Include your signature

Q. I did not receive my W2 from NPI, what should I do?
A. Send an email to accounting@npi payroll.com or a fax to 818-566-7381, or call 818-566-7385 x 204, and include the following information:
   - Full Name
   - Social Security Number (last 4 digits)
   - Your current address
   - Your old address (if you moved during the year)
   - Your current phone number
   - Include your signature

Can't find what you are looking for?
Please contact us by clicking below to ask your question and we will be happy to help you!

CONTACT US
Customer service is our #1 priority.

For production companies filming in the United States, Payday offers payroll services with compliance, integrity, competitive rates and excellent customer service. Payday’s knowledgeable staff specializes in processing payroll for many types of union and non-union projects including commercials, interactive, music videos, new media, non-broadcast, print, television and theatrical movies.

Celebrating 46 Years of Entertainment Payroll Services.

Family owned and operated since 1971.

Please contact Melly Lindsay or Ron Renaud to learn how we can help you.

Frequently Asked Questions

HELP FOR OUR EMPLOYEES

Have a change of address? Need a reprint of a W-2?
Please email your signed request to our front desk.

Need your days submitted to Contract Services?
Email your request (including include your name, address, social security number, union local and the covered period of time) to Joyce Bower

Looking for a check?
Just speak to our receptionist at 818-859-7640.
Contract Service Letter Request

This is to request that The Jacobson Group forward a letter to Contract Services to confirm my day/hours worked as follows:

NAME:

ADDRESS:

LAST 4 DIGITS OF SS#:

DAY-TIME PHONE:

EMAIL ADDRESS:

PRODUCTION NAME(S):

JOB TITLE:

APPLYING TO LOCAL:

YEAR/YEARS:

APPROXIMATE DAY(S) WORKED:

DATE OF REQUEST:

Sep 16 2021

I'm not a robot

EMAIL TO THE JACOBSON GROUP
# CONTRACT SERVICES LETTER REQUEST FORM

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Full Name:</td>
</tr>
<tr>
<td>Last 4 digits of Social Security Number:</td>
</tr>
<tr>
<td>Loan-Out Corp (if any):</td>
</tr>
<tr>
<td>FEIN for Corp (if you are paid via a Corp):</td>
</tr>
</tbody>
</table>

| Mailing Address:                          |
| City, State & Zip:                       |
| Phone:                                   |
| Email:                                   |

| Occupation:                               |
| Union/Local:                              |

**Type of work (please check all that apply):**
- ☐ Commercial
- ☐ Music Video
- ☐ Other – Explain: __________________________

<table>
<thead>
<tr>
<th>Is this your first request for a letter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
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If not, please indicate the date of your last request: __________________________

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<tr>
<th>Are you requesting a revised letter?</th>
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<tr>
<td>☐ Yes</td>
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<tr>
<td>☐ No</td>
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</table>

I am requesting this Contract Services letter on my own behalf in respect of applicable union rules. I represent and warrant that the foregoing information is true and correct to the best of my knowledge.

Signature: ___________________________ Date: ___________________________

*Please scan and return completed form to [production@theteamcompanies.com](mailto:production@theteamcompanies.com).* Once your request has been processed, we will forward the information to CSATF with a “cc” to your attention at the email address indicated above.