REVOLUTION ENTERTAINMENT SERVICES

CORPORATION START SLIP

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

PRODUCTION INFORMATION

PRODUCTION COMPANY	PROJECT TITLE/JOB #

CORPORATION INFORMATION

CORPORATION NAME	CORP. #	GST #/HST # (IF REGISTERED)	WCB #

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								

CORPORATION INDEMNIFICATION STATEMENT: I hereby certify that my services are rendered on a contractual basis under the trade name listed above and that I am not an employee of Revolution Payroll Services, Ltd. ("Revolution") or the Production Company to whom I am providing services. I, therefore, request you remit my contract fees without deducting any Income Taxes, Canada Pension or Employment Insurance. In the event that the Canada Revenue Agency (CRA) rules my contract unacceptable and deems me to be an employee subject to a normal master-servant relationship, which is subject to statutory deductions, I personally guarantee immediate and full payment to Revolution of all amounts due being the deductions required together with any fines, penalties, interest, and other related expenses which may result from this request. I hereby waive any right of protest or defense against Revolution and will remit the full amount to Revolution within seven (7) business days of delivery.

I understand that by providing my signature below, as an authorized representative of the above listed corporation, 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** **Corporate Rep. Signature** **Date**