

DEAL MEMORANDUM**International Cinematographers Guild,
Local 669**217-3823 Henning Drive, Burnaby, BC, V5C 6P3
Phone: 778-330-1669 Email: camera@icg669.com**ICG** INTERNATIONAL
CINEMATOGRAPHERS
GUILD-LOCAL 669

Date: _____

Expected Start Date: _____

PRODUCTION COMPANY INFORMATION (to be completed by the production company)

Production Name _____

Production Co. Name _____

Address _____ Tel. Number _____

EMPLOYEE INFORMATION (to be completed by the employee/independent contractor)

Name _____ Please check one: ☐ Employee ☐ Independent Contractor

Address _____ Date of Birth _____ (MM/DD/YYYY)

Company Name _____

Email _____ Incorporation # _____

Phone _____ SIN _____ GST # **R** _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

Name _____ Relation _____ Telephone Number _____

DURATION OF EMPLOYMENT (to be completed by the employer & employee/independent contractor)

Daily Employee OR **Weekly Employee**
(Guarantee of 60 weekly working hours (70 pay hours) must be paid)

Initial the appropriate box:

Employer / Employee

Employer / Employee

EMPLOYMENT PROVISIONS (to be completed by the employee/independent contractor)

Position _____ Guaranteed Hours (if any) _____

Rate of Pay **\$** _____ per Hour / Day / Week
Please indicate dollar amount (select one)

Box Rental _____ per Day / Week
(select one)

Guaranteed Hours / Days / Special Provisions

Pre-Production _____

Production _____

Transportation _____

Screen Credit As per contract OR _____

Miscellaneous _____

Nothing contained in this deal memorandum shall provide for lesser rates, terms and conditions, nor otherwise violate the Collective Agreement entered into by ICG 669 and the Company. This contract is null and void, at the option of the employee or independent contractor, if a collective agreement is not entered into between ICG 669 and the Production Company prior to the expected start date for the employee or independent contractor.

ASSIGNMENT OF WAGES. Until this authority is revoked by me in writing, I hereby authorize you to deduct from my wages and pay to the appropriate union, fees and dues in the amount of specified in the applicable contract.

Agreed:

Employee/Independent Contractor Signature_____
Employer Representative Signature