DEAL MEMORANDUM

International Cinematographers Guild, Local 669

217-3823 Henning Drive, Burnaby, BC, V5C 6P3 Phone: 778-330-1669 Email: camera@icg669.com



	vale		
F	xpected Start Dat	۵.	
_	.xpecteu otai t bat	G.	

Phone: 7/8-330-1669 Email: camera@icg669.com								
PRODUCTION CO	MPANY INFORMATION	\overline{ON} (to be completed by the pro	duction company)					
Production Name								
Production Co. Na	ame							
Address	Tel. Number							
EMPLOYEE INFOR	RMATION (to be com	pleted by the employee/indepe	ndent 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, PI	LEASE NOTIFY:						
Name		Relatior	1	Telepho	ne Number			
DURATION OF EN	IPLOYMENT (to be co	ompleted by the employer & em	nlovee/independent contracto	r)				
		Daily Employee	OR Weekly E					
Initial the appropriate box:		(Guarantee of 60 weekly working hours (70 pay hours) must be pa		s (70 pay hours) must be paid)				
		Foots of Foots of	Foots on	/ F				
		Employer / Employee		/ Employee				
EMPLOYMENT PR	ROVISIONS (to be cor	npleted by the employee/indep	endent contractor)					
Position _			Guaranteed Hours (if an	ny)				
Rate of Pay	\$	per Hour / Day / W	eek Box Rental		per Day / Week			
Please indicate dollar amount (select one)					(select one)			
Guaranteed Ho	urs / Days / Specia	al 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.								
		authority is revoked by me he amount of specified in the		you to deduct	from my wages and pay to the			

Employee/Independent Contractor Signature

Agreed:

Employer Representative Signature