



SDC-Off Broadway Developmental Work Pension & Health Contribution Report

This form is to be submitted by the Producer responsible for payment prior to the developmental work:
Mail, fax, or email to SDC, 321 W 44th Street, Suite 804, New York, NY 10036; FAX (212) 302-6195
(Refer to Article VI.H.1 for calculations)

Producer Submitting Form: _____

Name of Project: _____

SDC Member: _____

Please check one of the following:

Director Choreographer Director/Choreographer

First Day Worked: _____ **Final Day Worked:** _____

Total # of Days Worked: _____

Total Contribution Due to SDC/League Pension & Health Funds: _____
(calculated at rate of \$25/day worked, not to exceed \$150 per SDC member per project)

Actors engaged pursuant to:

AEA Stage Reading Guidelines

AEA Two-Week Staged Reading

AEA Developmental Lab Production

Other AEA developmental work contract: _____

Non-Equity developmental activity

Theatre Signature

Date

Print Name

NO LATER THAN TWO WEEKS AFTER THE FINAL DAY WORKED