



Directors Guild of America
7920 Sunset Blvd.
Los Angeles, CA 90046
(310) 289-2000
RCForms@dga.org

MADE FOR NEW MEDIA UNIT PRODUCTION MANAGER, ASSISTANT DIRECTOR, ASSOCIATE DIRECTOR, STAGE MANAGER DEAL MEMORANDUM

This confirms our agreement to employ you on the covered made-for-New Media project described as follows
(and as referenced in Sideletter No. 35 of the BA and Sideletter No. 28 of the FLTTA):

AD/UPM or AD/SM INFORMATION:

Name: _____ SSN# (last 4 digits): _____

Loanout: _____ FID. #: _____

Address: _____

Phone#: _____ Email: _____

- | Position: (BA-Covered Categories) | (FLTTA-Covered Categories) |
|---|---|
| <input type="checkbox"/> Unit Production Manager | <input type="checkbox"/> Associate Director |
| <input type="checkbox"/> First Assistant Director | <input type="checkbox"/> Stage Manager |
| <input type="checkbox"/> Key Second Assistant Director | |
| <input type="checkbox"/> Second Second Assistant Director | |
| <input type="checkbox"/> Additional Second Assistant Director | |

Your STARTING DATE for such employment shall be: _____

Your SALARY shall be \$ _____ per project per episode per week per day per hour

Other Conditions: _____

PROJECT INFORMATION:

Current Title of Project: _____

Episodic Series – Number of Episodes (if known): _____ Run Time per Episode (approximately, if known): _____

Single Project – Total run time (minutes) (approximately, if known): _____

ACCEPTED AND AGREED:

The Employee hereby authorizes the Employer to deduct from his or her salary the amount specified in the Directors Guild of America Basic Agreement and/or Freelance Live and Tape Television Agreement as the Employee's contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on the Employee's behalf.

Signatory Employer (Company Name): _____

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____

Date: _____