

DIRECTORS GUILD OF AMERICA
Weekly Work List

Project: _____

Week Start Date: _____ Week End Date: _____

Signatory Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Prepared By: _____

Phone: _____ Email: _____

Name	SSN (last 4 digits)	Category	Episode # (If applicable)

Please differentiate between 2ADs, Second 2ADs & Add'l 2ADs, and identify Directors on 2nd Unit, or Added Scenes/Retakes. When employing DGA-covered Location Managers, please provide their specific category. (e.g. 2AD/Loc Mgr or Second 2nd/Loc Mgr or Add'l 2AD/Asst Loc Mgr, etc.)

Return to: rcforms@dga.org