

SDC-LORT Developmental Work Pension & Health Contribution Report

This form is to be submitted by the Theatre responsible for payment prior to the developmental work:
Mail and fax or email to SDC, 1501 Broadway, Suite 1701, New York, NY 10036; FAX (212) 302-6195
(Refer to Article IV.C.1 for calculations)

Theatre Submitting Form: _____	
Name of Project: _____	
SDC Member: _____	
Please check one of the following:	
<input type="checkbox"/> Director <input type="checkbox"/> Choreographer <input type="checkbox"/> 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 \$40 per day worked	
Actors engaged pursuant to:	
<input type="checkbox"/> LORT-AEA Stage Reading Guidelines	
<input type="checkbox"/> LORT-AEA Casual Employment Rider	
<input type="checkbox"/> LORT-AEA Experimental Theatre Contract	
<input type="checkbox"/> Other LORT-AEA developmental work contract: _____	
_____ Theatre Signature	_____ Date
_____ Print Name	

**DEVELOPMENTAL WORK CONTRIBUTIONS SHALL BE DUE IN FULL
NO LATER THAN TWO WEEKS AFTER THE FINAL DAY WORKED**