



AUDIT & COLLECTIONS DEPARTMENT PARTICIPANT SERVICE FORM

Is this inspection/verification request for a period of employment that occurred 3 months ago or more? Yes No
(If "No" is checked, this case should be forwarded to the Processing Department. 818 or 310.769.0007, Ext. 621)

First Name	Last Name	Middle Name	SSN	DOB <small>(verification purpose)</small>	Today's Date	Serviced by:
Phone (home)	Phone (work)	Phone (cell)	Fax	Address (if different from EA 2000)		

Is any Health Period Eligibility (HPE) affected? Yes No. If "yes", HPE Effective-date:_____ HPE Cancellation-date:_____

Nature of request:

Whole weeks not reported Partial weeks Over-time Idle-time Guaranteed hours Other

Employer Name & ID#	Payroll Agency Name & ID#

Title Name & ID# (if any)	Location of Shoot

Missing Hours/\$-IAP%	Missing Dates (from & to)

Documents	Requested	Provided	Documents	Requested	Provided
Check stubs			Deal Memo/personal service contract		
W-2 forms			Crew list / production reports		
Time Cards					

Comments <small>(such references as other crew members reported of the same classification, producer's name, credits, etc.)</small>
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Disposition/Action <small>(Solomon audit created / requested records from participant or employer / assigned to auditor, etc.)</small>
