

# Pepperdine University

## Payroll Based Audit Form

Student Information			
<b>Name:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Enrollment Level:</b>	<b>Description of Operations:</b>		
<input type="checkbox"/> Freshman	<b>Student filmmaker providing Workers' Compensation insurance for cast and crew who will be helping with their student film projects for course credit.</b>		
<input type="checkbox"/> Sophomore			
<input type="checkbox"/> Junior			
<input type="checkbox"/> Senior			
<input type="checkbox"/> Graduate 1 <sup>st</sup> Yr.			
<input type="checkbox"/> Graduate 2 <sup>nd</sup> Yr.			
<input type="checkbox"/> Graduate 3rd Yr.			
Course Information			
<b>Course Number:</b>	<b>Course Title:</b>		
Project Information			
<b>Project Title:</b>			
<b>Project Dates:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Total # of Shoot Days</b>
Payroll Information			
<b>Section 1: Paid Workers</b>	<b>Section 2: Volunteer Workers</b>		<b>Total Audited Payroll (Leave Blank)</b>
<b>Total Wages Paid</b>	<b>Total Number Of Volunteer Workers</b>	<b>Total Number Of Volunteer Days Worked</b>	
\$			\$

Please accept this as my authorization to released detailed audit worksheets to my insurance agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_











