



SUBSTANCE TESTING PROGRAM STIPEND ACKNOWLEDGMENT

1. The undersigned is an operator of commercial motor vehicles in the motion picture and television industry.
2. The undersigned has read and signed acknowledgement of receipt of Paragraph 85.1 of the collective bargaining agreement between Local 399 and the Producers regarding the alcohol and controlled substance testing program administered by Contract Services Administration Trust Fund (“CSATF”).
3. Subject to Paragraph 85.1, the undersigned is eligible to receive a stipend of \$30.00 on each occasion when he/she completes a random substance test on a day when he/she is not employed by a Consenting Producer.
4. The stipend will be paid by CSATF and is intended to defray, in part, expenses that may be incurred when the undersigned completes a random substance test on a day when he/she is not employed by a Consenting Producer.
5. It is expressly understood and agreed that no services are performed by the undersigned, for, or on behalf of, CSATF and that the stipend does not constitute a wage, salary, or any other type of compensation for, or attribute to, services performed by the undersigned for, or on behalf of, CSATF or any producer that is signatory to Paragraph 85.1.
6. The undersigned understands and agrees that he/she is not an employee of CSATF and that the payment of the stipend referred to herein does not create an employer/employee relationship between the undersigned and CSATF.
7. The undersigned understands and agrees that he/she will not be eligible to apply for unemployment insurance benefits (or any other compensation due to unemployment) upon completion of a random substance test on a day when he/she is not employed by a Consenting Producer or upon receipt of or cessation of the payment of the stipend.

Legal Name: _____ **Social Security:** _____
Last First Middle

Mailing Address: _____
City State Zip Code

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Date of Test: _____

Signature: _____ **Date:** _____

Note: Do not fill out this form if you were employed by a Consenting Producer on the day you were required to submit to a random controlled substance test.

IN ORDER TO RECEIVE A STIPEND, YOU MUST DO THE FOLLOWING:

1. Complete, sign and return this form to Substance Testing Department (STP).
2. Complete and sign an Acknowledgement of Receipt of “Paragraph 85.1”.
3. As required by Paragraph 85.1(e)(4)(ii)(C): CSATF must have on file 1) Current driver’s license, 2) Current Medical card and 3) a current Form I-9.
4. Have your current addresses and phone number on file with STP department.
5. Please allow 4-6 weeks to receive the stipend for your “in readiness” testing.