

UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE

2021-2025 OFF-BROADWAY LEAGUE: STANDARD DESIGNER AGREEMENT

This Cover Sheet must be signed by all parties. The Employer will email a copy of the signed Cover Sheet to the Union concurrently with sending it to the Designer. Within seven (7) business days after receipt of a signed copy from the Designer, the Employer will file a copy with the Union. The Designer shall not be required to furnish any designs until the Employer has executed and remitted the signed Cover Sheet and Rider, if applicable, to the Union.

AGREEMENT: Pursuant to the Agreement between the Off-Broadway League and United Scenic Artists, the Employer engages the Designer to design, and the Designer agrees to design, the Production herein described:

NAME OF EMPLOYER: _____ **COMMERCIAL** **NOT-FOR-PROFIT**

NAME OF THEATRE: _____ **TIER:** **A** **B** **C** **D**

NAME OF DESIGNER: _____ **1** **2** **3** **4** **5**

DESIGN CATEGORY: **SCENERY** **COSTUMES** **LIGHTING** **SOUND** **PROJECTIONS**

PRODUCTION NAME: _____

FIRST REHEARSAL: _____ **FIRST PUBLIC PERFORMANCE:** _____ **PRESS OPENING:** _____ **FINAL PERFORMANCE:** _____

COMPENSATION:

Employer agrees to pay the Designer a total of \$ _____, payable in thirds:

\$ _____ Payable on signing by the Designer of this Cover Sheet

\$ _____ Payable upon acceptance of the full set of drawings, sketches, and/or specifications sufficient to begin execution of the design

\$ _____ Payable on the date of the Press Opening

ADDITIONAL WEEKLY COMPENSATION (AWC):

The Designer will receive AWC of \$ _____, beginning with the: first (1st) seventh (7th) week of performances.

DAILY RATE: \$ _____ **NUMBER OF DAYS:** _____ **TOTAL:** \$ _____

TRUST FUNDS: In order to provide Pension and Welfare benefits, the Employer shall contribute the following amounts for each designer employed:

Pension payable to the **United Scenic Artists Pension Fund:** 8.0% • 8.5% (effective 7/1/2023) • 9.0% (effective 7/1/2024)

Welfare payable to the **IATSE National Benefit Funds:** 12.0% • 12.5% (effective 7/1/2022) • 13.0% (effective 7/1/2024)

GENERAL PROVISIONS: Both the Employer and the Designer agree that each and every provision contained in the Basic Agreement between United Scenic Artists Local 829 and the Off-Broadway League shall be part of this agreement, as though set forth herein at length; and that they have read said Agreement which sets forth the minimum conditions under which the Designer may work for the Employer. No provisions of said Agreement may be in any way waived or modified without previously having obtained the written consent of the Union. Any rider to this contract shall be deemed part of this Agreement, but in no event shall any rider abrogate or lessen any provisions that are contained in the Basic Agreement.

DUES CHECK-OFF AUTHORIZATION: I, the undersigned Designer hereby assign the United Scenic Artists, Local USA 829, IATSE, **two percent (2%)** of all wages earned and to be earned by me as an employee, and authorize and direct my Producer to deduct such **two percent (2%)** from my wages and remit same to said Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of the applicable collective bargaining agreement, whichever is sooner, and shall be automatically renewed, with the same irrevocability for successive like periods unless terminated by me in writing not more than twenty (20) days prior to the expiration of any such period.

In signing this contract, I voluntarily authorize the dues deduction, knowing that it is not a condition of employment and intending that the amounts deducted be **remitted to the Union** to be applied to my account for Union membership dues or, if not a Union member, in payment of the same percentage of earnings as members pay to help defray the cost of operating the Union.

ACCEPTED: by Producer

ACCEPTED: by Union

ACCEPTED: by Designer

SIGN NAME _____
PRINT NAME _____
SIGNING DATE _____
STREET ADDRESS _____
CITY, STATE and ZIP _____
PHONE _____
E-MAIL _____

SIGN NAME _____
PRINT NAME _____
SIGNING DATE _____
STREET ADDRESS _____
CITY, STATE and ZIP _____
PHONE _____
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