EXHIBIT "H" WORK AUTHORIZATION FORM

<u>AFTRA</u> Work Authorization Confirmation Form

Agency Name:		Date:
Performer:		SS#/Member ID:
Effective Date:exceed 10%)		Commission Rate: (not to
	execution of an agency contract in accooner referenced performer has authoralleds within AFTRA's jurisdiction:	
Commercials TV CommercialsOn Camera OnlyVoice-over onlyRadio CommercialsInfomercials	ProgramsTV ProgramsSerials only Hosting Only Radio Programs All Voice Over	InteractiveNon-BroadcastPromosInternet Broadcast/News
This authorization is national in sco	ope unless otherwise limited as follow	rs:
N Los AngelesN	New YorkChicago	Other
performer in the area(s) specified ab	nat the performer has authorized the a pove. The provisions of Rule 12C are termination, with respect to any work er's authorization.	incorporated herein, except with
This authorization shall be termi AFTRA by means providing proc	nable at will by the performer, upo of of receipt.	n written notice to the agent and
The following agent(s) has (have) be performer:	een specifically authorized by the perfo	ormer to procure employment for the
	Date: _	
	Date: _	
I certify that the above is true and a	ccurate:	
Talent Agency		Agent's Signature

In order to be effective, this form must be sent to the performer through means providing for proof of receipt (such as certified or overnight mail), with a copy to AFTRA, within 15 calendar days after the date of the authorization.