

**Directors Guild-Producer Training Plan (DGPTP)  
Assistant Directors Training Program (ADTP)**

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**STIPEND ACKNOWLEDGMENT**

1. The undersigned is an Assistant Director or Unit Production Manager in the motion picture and television industry and is on a Southern California Qualification List, Third Area QL, Multicamera QL or no QL, and does not reside in the New York area. In addition, the undersigned may be an Associate Director or Stage Manager under the jurisdiction of the AD/SM/PA Council, West.
2. The undersigned is eligible to receive a stipend of \$20.00 when he/she completes the ***Covid-19 Prevention Training*** course during the hours when he/she is not employed by a Producer.
3. The stipend will be issued on behalf of the DGPTP and is intended to defray, in part, expenses that may be incurred when the undersigned completes the ***Covid-19 Prevention Training*** course during the hours when he/she is not compensated by a Producer.
4. It is expressly understood and agreed that no services are performed by the undersigned, for, or on behalf of, DGPTP 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, DGPTP or any Producer that is signatory to the DGA Basic or Freelance Live and Tape Television Agreement.
5. The undersigned understands and agrees that he/she is not an employee of DGPTP and that the payment of the stipend referred to herein does not create an employer/employee relationship between the undersigned and DGPTP.
6. 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 the ***Covid-19 Prevention Training*** course during the hours when he/she is not employed by a Producer or upon receipt of or cessation of the stipend.

**Legal Name:** \_\_\_\_\_  
*Last First Middle*

**Local Employment Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone or Cell:** (\_\_\_) \_\_\_-\_\_\_\_ **Email Address:** \_\_\_\_\_

**Indicate Course and Date of Completion:**

**C19 Prevention | Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Complete, sign and return this form to:**

**DGPTP**

**Attn: Stipend**

**15301 Ventura Blvd. Bldg E #1075**

**Sherman Oaks, CA 91403**

**-OR-**

**Email a PDF of this completed and signed document to**

**mail@dgptp.com**

*If you do not receive your stipend check or there are issues regarding it, please call the DGPTP office at (818)386-2545.*

*We will be glad to assist you. It can take 4-8 weeks to process this request.*