



California Film & Television Tax Credit Program

EMPLOYMENT DIVERSITY REPORT

THIS FORM MUST BE COMPLETED FOR EACH MOTION PICTURE AND EACH SEASON A SERIES IS PRODUCED.

APPLICANT INFORMATION

Applicant Name:	Credit Allocation Letter #:
Title:	
Production Company Name:	
Production Title:	

Complete the information below for cast and crew (do not include extras) to the extent possible and based only upon information provided by the individual cast and crew members in their payroll start information.

	No. of hires		No. of days worked	
	Male	Female	Male	Female
Asian/ Pacific				
Black				
Caucasian				
Latino/ Hispanic				
N. American Indian				
Unknown/ Other				
Total				