California Film Commission
Film and Television Tax Credit Program 2.0

Career Readiness Requirement

Verification Form: **CLASSROOM WORKSHOPS**

PRODUCTION COMPANY

Date _____ Queue # _____

Project Title _____

Primary Contact's Name _____

Email Address _____

Office Phone _____ Cell Phone _____

Presenter

Name(s) _____

Title of Presentation _____

Workshop topics, specific production career overview: _____

_____

CAREER READINESS ORGANIZATION

School _____

Classes Participating _____

AME Pathways _____ # of Students Participating _____

District _____

Program Type _____

Site-Based Supervisor

Name _____ Position _____

Email _____ Phone _____

Workshop Hours: PROJECTED
Minimum 8 Hours

Workshop Date(s) _____ **Total # of Hours** _____

Production Company

Primary Contact _____

Date _____

Site Supervisor

Primary Contact _____

Date _____

Workshop Hours: COMPLETED
Minimum 8 Hours

Workshop Date(s) _____ **Total # of Hours** _____

Production Company

Primary Contact _____

Signature _____

Date _____

☐ Verified workshop and hours.

Site Supervisor

Primary Contact _____

Signature _____

Date _____

☐ Verified workshop and hours.