# UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE
## 2025-2030 OFF-BROADWAY LEAGUE: ASSISTANT DESIGNER AGREEMENT

*This Cover Sheet must be signed and submitted with all Riders attached to livedesignjob@usa829.org. The Employer will email a copy of the Cover Sheet and all Riders to the Union concurrently with delivery to the Assistant Designer. Within seven (7) business days after receipt of the signed copy from the Assistant Designer, the Employer will file a copy with the Union. The Assistant Designer shall not be required to furnish any designs until the Cover Sheet has been executed by the Employer.*

**AGREEMENT**: Pursuant to the Agreement between the Off-Broadway League and United Scenic Artists, the Employer engages the Assistant Designer, and the Assistant Designer hereby accepts the engagement herein described:

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

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

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

**NAME OF DESIGNER**: _____

**DESIGN CATEGORY**: ☐ **SCENERY** ☐ **COSTUMES** ☐ **LIGHTING** ☐ **SOUND** ☐ **PROJECTION**

**PRODUCTION NAME**: _____

**DESIGN MEMBERSHIP CANDIDATE**:

☐ Employer and Assistant Designer agree that the Assistant Designer shall be engaged as part of the Off-Broadway Design Membership Candidate Program. The Assistant Designer is not a current or former member of the Union.

**COMPENSATION**:

Employer agrees to pay the Assistant Designer a total amount of gross wages equal to $_____, which shall include all hours worked, including overtime.

Employer and Assistant Designer agree to an hourly rate equal to $_____ per hour for up to forty (40) hours per week and $_____ per hour for all time worked in excess of forty (40) hours per week.

**WORK DATES**:

Assistant Designer's engagement shall begin on _____ (start date)

and end no later than _____ (end date).

**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****: 9.0% ● Welfare payable to the ***IATSE National Benefit Funds***: 13.0%

***For Assistant Designers engaged as part of the Off-Broadway Membership Candidate program, no Pension contribution shall be due. The amount of the Pension contribution shall instead be paid to the IATSE National Benefit Funds as a welfare contribution.**

**GENERAL PROVISIONS**: Both the Employer and the Assistant Designer agree that each and every provision contained in the Basic Agreement between United Scenic Artists Local USA 829 and the Off-Broadway League shall be part of this **A**greement, as though set forth herein at length; and that they have read said Agreement which sets forth the minimum conditions under which the Assistant 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 Assistant 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 Employer 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 Employer

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

STREET ADDRESS _____

CITY, STATE and ZIP _____

PHONE _____

EMAIL _____

### ACCEPTED: by Union

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

**IS A RIDER ATTACHED?** ☐ **YES** ☐ **NO**

**IS A WORK PLAN ATTACHED?** ☐ **YES**

### ACCEPTED: by Assistant Designer

SIGN NAME _____

PRINT NAME _____

SIGNING DATE _____

STREET ADDRESS _____

CITY, STATE and ZIP _____

PHONE _____

EMAIL _____