

JURY DUTY Request for Supplementary Pay

Date _____

Employee: _____

Employee Number (SSN): _____

Department (Code & Name): _____

Under the Company's regulations concerning Jury Duty Pay, I hereby make application for the following days pay:

	Time Left Job	Supervisor's Initials	Time Returned to Job	Supervisor's Initials
Date _____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____

Employee's Signature

FOR AN OFFICIAL OF THE COURT

I hereby certify that the above-mentioned person reported for Jury Duty on:

	Time Reported	Time Left	Amount Paid by Court
Date _____	_____	_____	_____
Date _____	_____	_____	_____
Date _____	_____	_____	_____
Date _____	_____	_____	_____
Date _____	_____	_____	_____

Court Officials's Signature

Title