

MORGAN COUNTY SCHOOLS
CLAIM FOR JURY DUTY

Do Not Write In This Space

CODE _____ EN _____ DAYS _____

To be completed by each employee absent from his/her regularly assigned duties.

_____ was absent from regularly scheduled duties
as _____ on the dates indicated below.

MONTH: _____

DAYS OF THE WEEK:	MON	TUE	WED	THU	FRI
CALENDAR DATES:					
*ABSENCE CODE:	9-2	9-2	9-2	9-2	9-2

NUMBER OF DAYS
ABSENT THIS
REPORT

Any employee required to serve on any jury shall be relieved of his/her assigned duty for the period necessitated by the service. The employee shall be compensated by the Board of Education in an amount equal to the difference between his jury fee and his regular salary. (Morgan County File: GCBD)

Enter here the daily jury duty fee*. \$ _____ per day.

*Jury duty fee reported is not to included expenses paid.

SUBSTITUTE(S) EMPLOYED Mark with (X) days employed

Name(s)

MON TUE WED THU FRI

NUMBER OF DAYS
SUBSTITUTE EMPLOYED

OFFICE USE:

SN

SC

I certify that the above report is true and accurate. I hereby DO _____ or
DO NOT _____ request payment for the above noted days in accordance with current policy
and regulations.

LOCATION: _____

SIGNATURE: _____

DATE: _____

APPROVED BY: _____