## SISTERS SCHOOL DISTRICT #6

## **JURY DUTY REQUEST**

Date:			
Employee	Name:		
Work Loca	tion:		
Please che	ck one of the following:		
	I have received a request to serve on Jury Duty for the mo	nth of	
	My supervisor has approved this request. I understand I will continue to receive my regular wage from the school district for any day I am requested to report to jury duty if it is one of my regularly paid workdays.		
	I further understand that if I am not selected to serve on a reported, I am to return to my job for the remainder of the personal leave hours (if I have personal leave hours in my remainder of the day. I will complete an Employee Requemy return to work the following day.	e day; or I may take account) for the	
	I have received a request to serve on Jury Duty for the month of		
	My supervisor and I have determined this is not a good month for me to be absent from my job. I would like to request that the Superintendent's Office write a letter on my behalf requesting a deferral to another month, or to be excused all together from jury duty, for the following reason(s):		
	I understand this letter will be written and forwarded to n timely manner.	ne to send to the court in a	
Employee Signature		Date	
Supervisor	oignature	Date	
H.R. Department		Date	

Please return form to: Shirleen Cundiff Sisters School District Office Human Resources (541) 549-8521 ext. 4008