

INSTRUCTIONS FOR COMPLETING REQUEST FOR JURY DUTY PAY

PLEASE READ CAREFULLY

INCORRECT AND/OR INCOMPLETE SUBMISSION FORMS WILL BE RETURNED

1. Complete the attached form and obtain all required signatures. Must be legible, signed by member and signed by supervisor with supervisors' card number.
2. Attach a copy of the Jury Duty Summons.
3. Complete the **Juror Service Certificate** supplied to you by the Court Clerk and give it to your employer.

Under the Employer's Rights, Duties, and Penalties Article 71, Title 13 of the Colorado Revised Statutes, all regularly employed trial or grand jurors shall be paid regular wages, but not to exceed fifty dollars per day by the Employer for the first three days of juror service or any part thereof. Compensation after the first three days of service shall be made by the state at the rate of fifty dollars per day.

4. Juror is responsible for collecting all monies from contractor and State. The Executive Board will automatically deduct these monies when they approve the claim.
5. Forward completed request, copy of the Jury Duty Summons and completed **Juror Service certificate.**
6. Under schedule shift hours only (4-10's or 5-8's). Overtime is not paid on Jury Duty per Local Union 68 Bylaws, Article XII.

The Executive Board will have full responsibility and authority governing all jury duty payments.

Any claim found to be fraudulently submitted, may subject submitting member to charges being filed against him/her, per the IBEW Constitution, Revised Article XXV, Section 1, Subsection e.

REQUEST FOR JURY DUTY PAY

Local 68 Member Benefit only
See Local #68 Bylaws Article XII Jury Duty Fund

Date Served

of hours lost

Date Served

of hours lost

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total # of hours _____

If employed: Contractor working for _____

I am working the following shift: (circle one) 5x8s or 4x10s

I hereby swear that all information as stated above is accurate and complete

Member's Signature Date

Supervisor's Name (Please Print)

Print Name

(Supervisor's Signature) (Date)

IBEW Card #

(IBEW, Local No.) (Card No.)

Note: Supervisor's signature is for verification of lost time only

Dues Paid Thru

Mailing Address

City, State, Zip Code

APPROVED/DISAPPROVED BY EXECUTIVE BOARD:

DATE

CHAIRMAN'S SIGNATURE

Total # of lost hours approved _____