



JURY DUTY LEAVE REQUEST

Educating for a lifetime of success

Date: _____

From: _____ School/Location: _____
Last Name First Name

Position: _____ Jury Duty Date(s) Requested: _____

Complete this form upon receipt of your jury duty notice and submit to the payroll department prior to jury duty.

Principal/Administrators Signature: _____ Date: _____

BUS-JDLR-2008



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