

Please complete this form upon return from Jury Duty or Court Service. Attach a copy of the original notification from the court and the check with check stub for payment received for jury duty/court service, as well as your personal check for the amount indicated in the box below.

Name	
Department	Supervisor
Date(s) of Jury Duty/Court Service:	
Date Returned to Work:	
Total Amount Received from Court for Jury Du	ty/Court Service: \$
(Minus) Amount Allor	wed for Mileage: \$
*Amo	unt Due College: \$
* Attach personal check (made payable to Mott C	Community College) for this amount.

Employee	Signature
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Date

Supervisor Signature

Date