**Form JS2 - Completion of Jury Service confirmation**

Please complete this form and send to People & OD Operations, 2nd Floor, Simon Building, as soon as possible on completion of your jury service.

It is important as loss of earnings will be deducted from your pay until People & OD Operations receive this form.

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| --- | --- | --- |
| Your details | | |
| Surname: | |  |
| First name(s): | |  |
| Post Title: | |  |
| Organisational Unit: | |  |
| Contact Telephone Number (at work): | |  |
| Employee Number (on pay slip): | |  |
| Your Line Managers details | | |
| Name: | |  |
| Post Title: | |  |
| Contact Telephone Number (at work): | |  |
| Jury Service details | | |
| Please list any dates which you were not required to attend court and came to work instead:  (your salary will be adjusted to repay any loss of earnings deducted for these days) | | |
| First day of jury service: |  | |
| Last day of jury service: |  | |
| Return to work date: |  | |
| Signature: |  | |
| Date: |  | |