

Jury Duty Certification  
(Police Officers Association)

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To apply for pay from the University in the event you must appear for Jury Duty, follow these procedures. For further information, see the Agreement between the Police Officers Association and WMU, Article 25, Section 6.

1. Confirm eligibility. You are eligible to be paid your normal scheduled straight-time hours at your regular rate of pay if you:
  - A. Are a regular employee; and
  - B. Have completed your probationary period; and
  - C. Are summoned for jury duty; and
  - D. Are required to serve when you would have otherwise been scheduled to work at WMU; and
  - E. You promptly report to work when excused from jury duty, if you are excused during your regularly scheduled shift, OR if you are excused at time outside your regularly schedule shift, you promptly report at the beginning of your next regularly scheduled shift.
2. Give the Deputy Chief a copy of your summons as soon as you receive it.
3. Complete and sign the Employee's Statement of Court Required Service (below). Return the completed, signed form to your department and attach the form supplied by the court that confirms the date and time of your service.

Please note that this form is to be submitted before the end of the pay period during which the jury duty occurred. If the jury duty occurred on the last day of the pay period, submit the form on the following Monday.

**Instructions for department:**

1. Confirm eligibility and that required documentation is attached.
2. Note jury duty on departmental time records and report appropriate time to Payroll.
3. Retain this form and attachment with departmental time records.

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**Employee's Statement of Court Required Service**

I state that I served on jury duty.

I performed this court service on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(date) (starting time) (ending time)  
at \_\_\_\_\_ located in the County/City of \_\_\_\_\_  
(name of court) (name of county or city)

I have attached a statement from the court confirming the date and time of my service.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_