

**CAMDEN CITY PUBLIC SCHOOLS**  
**REQUEST FOR Jury Service/Court Appearance/LEAVE ONLY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
POSITION: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_  
WORK/LOCATION: \_\_\_\_\_ SUBJECT/GRADE: \_\_\_\_\_  
APPT. DATE: \_\_\_\_\_ SUBSTITUTE REQUIRED: YES ( ) NO ( )

As required by the Board of Education's Governance Manual Policies, Regulations and By Laws, Administrative directives and terms and conditions set forth in employee contracts, adopted by the Board, I herewith submit a request to be relieve of my assigned duties:

Date(s) of Service: \_\_\_\_\_ Number of Days: \_\_\_\_\_

( ) JURY SERVICE

( ) COURT APPEARANCE

a. ( ) Board of Education \_\_\_\_\_

b. ( ) Other \_\_\_\_\_

**Documentation required:**

- ( ) A request for Jury Service/Court Appearance Form accompanied by a letter/form verifying your jury service date(s).
- ( ) The check for Jury Service submitted to the Board of Education by Board Policy must be submitted to the attention of:

**Ms. Celeste Ricketts, Assistant School Business Administrator**  
**201 N. Front Street**  
**Camden NJ 08102**

**Failure to submit appropriate documentation shall result in the loss of pay for the day.**

**\*\*Note - If you are released from jury duty prior to 12:00 p.m. you must return to your work site.**

\_\_\_\_\_  
Employee's Signature

Recommended Yes ( ) No ( )

\_\_\_\_\_  
Immediate Supervisor/Principal

\_\_\_\_\_  
Director/Administrator

**DO NOT WRITE BELOW THIS LINE**

( ) Approved

( ) Disapproved

( ) Jury Service

( ) Court Appearance

( ) Personal Day ( ) Yes ( ) No

\_\_\_\_\_  
Signature of Superintendent

Submit two copies of this request to the Office of Human Resources through the designated administrator for your program.

**INCOMPLETE FORMS WILL BE RETURNED**

Revised 6/09/as