



**ROBERTSON COUNTY SCHOOLS
JURY DUTY VERIFICATION**

Employee Name (Print): _____

Last Four Digits of SS#: _____

Phone Number: _____ Email: _____

Home Address: _____

Work Location: _____ Position: _____

Date to Report: _____

Name of Court: _____

Beginning Date: _____ Ending Date: _____

******Attach a copy of the summons for jury duty to this form. Submit form to school administrator or department supervisor. Administrator/Supervisor to forward copies of this form and jury summons to the Supervisor of Human Resources.***

Employee Signature

Date

Administrator/Supervisor Signature

Date