REQUEST FOR JURY DUTY COMPENSATION

Local 48 Member Benefit Only

I HEREBY REQUEST COMPENSATION FOR THE DAYS AND HOURS LISTED BELOW. I HAVE ATTACHED VERIFICATION FROM THE CLERK OF THE COURT WHICH ALSO SUBSTANTIATES MY DAYS SERVED AS A JUROR. IF I WORKED DURING ANY OF THESE DAYS, I AM ONLY REQUESTING TO BE COMPENSATED FOR MY ACTUAL TIME LOST.

| DATE SERVED: # C | OF HOURS TO BE OMPENSATED: | | DATE SERVI | ED: # OF HOURS TO COMPENSAT | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|--|
| | | | | | | |
| | | | | | | |
| TOTAL # OF HOURS: | | | MY CURRE | NT PAYRATE: \$_ | /hr | |
| If employed: I am working for | | | | | | |
| I am working the fo | | | | | , , , , , , , , , , , , , , , , , , , | |
| I understand that I will be a with my working classificat scheduled Executive Board by Local 48. You will be issu I hereby affirm that the fore | ion at the time I meeting. Althougued a 1099 form o | served on Jury gh this pay is tax at the end of the | Duty. Ch able as Mise | ecks will be signed c | it the next regularly | |
| Signature | | | Date | e | | |
| Print Name | | | | Please mail documents to: | | |
| Social Security Number (last four is fine) Mailing Address City, State, Zip Code | | | | IBEW Local 48 Attn: Sandoz 15937 NE Airport Way Portland, OR 97230 | | |
| | | | | Or email: sandoz@ibew48.com | | |
| | | | | No checks will be mailed if your dues are not paid for the month that jury duty served falls in. | | |