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| SHERIFF OF WESTERN AUSTRALIA | <i>EMPLOYER APPLICATION FOR REIMBURSEMENT OF WAGES PAID TO EMPLOYEES FOR JURY SERVICE</i> |
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| IMPORTANT | <p>A claim will only be paid for the actual days of attendance and must be submitted within 6 months after the completion of jury service. The claim is for the reimbursement of the wages paid to the juror, and not for a replacement employee. Claims should include any shift allowances expected to be paid during the period of jury duty. Claims do not extend to superannuation or other ancillary benefits. Please contact us for any assistance.</p> <p>Kalgoorlie Courthouse, Brookman Street, Kalgoorlie WA 6430</p> <p>Phone : 9093 5300 Fax: 9021 2005</p> <p><i>*If a Juror is discharged before noon they are instructed to return back to work. Reimbursement for a full day will only be considered for exceptional circumstances. (Insert reasons in the box below).</i></p> |
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| Employee/ Juror details <i><u>Do not include GST</u></i> | Surname: |
| | First Name: |
| | Occupation: |
| | Dates of Jury Duty - From: / / to / / |
| | Hours normally worked - From: am/pm to:am/pm |
| Total hours lost as a result of Jury Dutyhours | |
| Gross hourly rate of pay \$..... | |
| <u>TOTAL GROSS INCOME CLAIMED \$.....</u> | |

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|---|---|
| *State reasons Juror/Employee was unable to return to work | * |
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|--------------------------|---------------------|--|
| Employers Details | Company Name | |
| | Address | |
| | Contact Name | ABN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Tel No | Fax No |

| | | |
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| Employers Banking Details | Bank/Credit Union | |
| | Branch Address | |
| | Branch Code/BSB | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Account Number | |

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| <p><i>I certify that as a result of my jury service my employer continued to pay me the amount claimed above.</i></p> <p>SIGNATURE EMPLOYEE/JUROR</p> <p>DATE:</p> | <p>EMPLOYER OR PAYROLL OFFICER TO COMPLETE STATUTORY DECLARATION ON REVERSE OF THIS APPLICATION</p> |
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OFFICE USE ONLY

| | | |
|-----------|-------------|-------------|
| MONDAY | HALF / FULL | HALF / FULL |
| TUESDAY | HALF / FULL | HALF / FULL |
| WEDNESDAY | HALF / FULL | HALF / FULL |
| THURSDAY | HALF / FULL | HALF / FULL |
| FRIDAY | HALF / FULL | HALF / FULL |

| | |
|--|-----------------|
| TOTAL APPROVED REIMBURSEMENT AMOUNT | \$ _____ |
|--|-----------------|

***** PLEASE COMPLETE THE STATUTORY DECLARATION OVER *****

WESTERN AUSTRALIA
OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005
STATUTORY DECLARATION

I, (Employer/Payroll Officer)
[name]
.....
[address]
.....
[occupation]

sincerely declare as follows:

..... is employed by
[name of employee/juror] [name of employer]

I verify the information contained in the attached application for reimbursement of wages paid to an employee whilst attending on Jury duty is true and correct.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at
[place]

.....
[date]

by
{signature of person making the declaration}

in the presence of –

.....
[signature of authorised witness]

.....
[Full name and qualification of authorised witness]

This Declaration must be signed before a justice of the peace or other authorised person such as a teacher, chemist, accountant, bank manager, doctor, academic, dentist, engineer, optometrist, police officer, State or Commonwealth public servant, physiotherapist, podiatrist, real estate agent, surveyor, nurse, veterinary surgeon, architect or post office manager.

For a full list of authorised persons go to www.dotag.wa.gov.au/jurydeclarations

THE CRIMINAL CODE S169 False statements in statements required to be under oath or solemn declaration.

Any person who, when under oath or any sanction that may be lawfully substituted for an oath, knowingly makes a statement, whether orally or in writing, that is false in a material particular is guilty of a crime and is liable to imprisonment for 7 years. Summary conviction penalty: imprisonment for 3 years and a fine of \$36 000. Any person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years. Summary conviction penalty: imprisonment for 2 years and a fine of \$24 000.