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| Government of Western Australia Department of Justice  **Carnarvon Court** Cnr Robinson St and Babbage Island Rd, Carnarvon WA 6701  Email: [carnarvoncourt@justice.wa.gov.au](mailto:carnarvoncourt@justice.wa.gov.au) Phone: (08) 9941 5500 | | | Employer Claim Form  Employee attended Jury Service | | |
| Please read the information regarding claims for lost income located on our website before submitting a claim or contacting us for further assistance. [www.justice.wa.gov.au/juryreimbursement](http://www.justice.wa.gov.au/juryreimbursement)  An employee attending jury service must continue to be paid their normal income whether full time, part time or casual, or the employer risks breaching the Juries Act 1957. An employer may claim part or full reimbursement upon evidence of an actual loss of income which must be demonstrated.  Claims are not automatic, and must be valid, fair and reasonable. It is important to consider the impact and the need to make a claim for any short absences. Claims will only be paid up to the amount of the employee’s income or part thereof per day. Claims do not include potential contracts or earnings lost through missed work, and do not extend to ancillary benefits or payroll tax. However, overtime normally paid each week may be included.  A claim will only be considered for a loss associated with the actual time of attendance, and must be supported with two employee payslips, one prior to jury service and the other for the period whilst on jury service.  Claims must be submitted within three months after the completion of jury service. The preferred method of submission is email, or alternatively posted with all attachments, or hand delivered. Claims may be subject to further assessment and may require additional documents for assessment before approval.  **Employer completes claim form and statutory declaration prior to employee signing the statement.** | | | | | |
| Employer / Company details | | | | | |
| Company name: | | | | | Tel no: |
| Address: | | | | Suburb: | |
| Company email: | | | | | |
| Company contact person: | | | | | |
| ABN: | | | | | |
| BSB no: | | Account Number: | | | |
| Bank/Credit Union: | | Branch: | | | |
| Employee /Juror details | | | | | |
| Name: | Date of birth:    /    / | | | | |
| Occupation: | Phone contact: | | | | |
| Date(s) attended jury duty: From:Select date to: Select date | Empanelled Juror (on a trial)  Yes  No | | | | |
| Estimated claim | | | | | |
| Total hours employee attended at jury service:       and hours claiming: | | | | | |
| Hourly rate of pay $       **Estimated claim:** $  **All claims are subject to policy assessment and may be modified from the amount estimated.**  **Employer must now complete the full statutory declaration on the reverse of this form to validate the intended claim, and then have the employee/juror sign the statement below.** | | | | | |
| Employee /Juror statement | | | | | |
| I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that my employer continued to pay my normal income in full as a result of attending jury service. I also did some work for my employer during the trial, outside of court hours: Yes  - total extra hours worked: \_\_\_\_\_\_ hrs. No  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of employee/juror Date: / / | | | | | |

**Office use only**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MON | H / F |  | MON | H / F |  | MON | H / F |  | **Assessed amount approved**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| TUE | H / F |  | TUE | H / F |  | TUE | H / F |  |
| WED | H / F |  | WED | H / F |  | WED | H / F |  |
| THU | H / F |  | THU | H / F |  | THU | H / F |  |
| FRI | H / F |  | FRI | H / F |  | FRI | H / F |  |

Western Australia

*Oaths, Affidavits and Statutory Declarations Act 2005*

Statutory Declaration

In support of employer claim for employee attending jury service

I, ………..………………………………………………., [name of employer’s respresentative making declaration]

……………………………………………………………. [company address] ………………………………… [occupation] sincerely declare as follows:

1. ……………………………………….…. is employed by …………………………………………………….   
   [name of employee/juror] [company name]
2. Due to my employee named above having attended jury duty a loss has been suffered as we were not able to postpone or defer work associated with this employee and can demonstrate this with the following information:

Employee role: ……………………………………………………………………………………………..….  
  
Work days & start/finish times: ….………………………………………………………………………..…  
  
Impact of employee absence: …….…….…………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  
  
Name of replacement person(s) ….………………………………………………………………………..…   
  
for dates/times: …………………….………………………………………………………………………..…

1. I estimate my claim for reimbursement of wages paid to be $ ……………..
2. I have calculated the amount I am claiming in the following way*(include days/hours, rate of pay etc)*: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
3. I also declare that:

I have demonstrated a loss and provided relevant written detailed supporting evidence

I have only claimed for the actual time my employee was in attendance at jury duty

I have attached two pay advice slips *(the one prior to jury service, and one during jury service)*

I have attached copies of replacement person’s payslips or evidence of overtime paid to other staff

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*.

|  |  |
| --- | --- |
| **Declared at** ……………………..…………**Date:**……………….…………………………………………. | |
| (place) | (Signature of person making declaration) |
| **Witnessed by** ………………………………………………..…… | ……….……………………………………… |
| (Full name and occupation of witness) | (Signature of authorised witness) |

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

For a full list of authorised persons visit [www.justice.wa.gov.au/jurydeclarations](http://www.justice.wa.gov.au/jurydeclarations)

The Criminal Code s169(2) False statements - 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.