**JURY DUTY LEAVE POLICY**

**JURY DUTY**

[EMPLOYER'S NAME] supports employees in fulfilling their civic responsibility to serve on a jury.

[Employees summoned for jury duty are entitled to paid leave for the first [NUMBER] days of service. Any additional days will be unpaid.] [Alternatively, employees may choose to use accrued vacation time to cover unpaid leave.]

If you are summoned for jury duty, notify [Human Resources/your supervisor] immediately to arrange your leave. [EMPLOYER'S NAME] may request proof of jury service, as permitted by law.

Employees excused from jury duty during regular working hours or released earlier than expected are expected to return to work.

**JURY DUTY UNDER STATE LAW**

[EMPLOYER'S NAME] adheres to all Mississippi state-specific requirements for jury duty leave and provides leave in compliance with those laws.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and enforcement of this policy. For any questions about jury duty leave or aspects of this policy not addressed here, please contact the [DEPARTMENT NAME] Department.

Employees who misuse or abuse this policy may face disciplinary action, up to and including termination of employment.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date