Senior Justice/Judge Program

Senior Justice/Judge Name:

Date	District	AO#	Description (detailed)	Service Hours	Travel Hours
			Total Hours Worked:		
			Total Hours Worked, Page Two		
			Grand Total Hours:		

I, as senior judge, affirm that I have performed the services as indicated on this form and should be compensated accordingly.

Signature: _____ Date: _____

For Payroll Department Use Only

PLEASE ATTACH A COPY OF THE APPLICABLE REQUESTS FOR ASSIGNMENT

Senior Justice/Judge Program (Page Two)

Senior Justice/Judge Name:

Date	District	AO#	Description (detailed)	Service Hours	Travel Hours
			Total Hours Worked:		