

# Supplementary Benefit Trust Fund JURY DUTY/WITNESS FOR CROWN CLAIM

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**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED - PLEASE PRINT CLEARLY**

PLEASE CHECK OFF THE APPROPRIATE BOX FOR THE CLAIM YOU ARE SUBMITTING      JURY DUTY CLAIM       WITNESS CLAIM

NAME		SIN
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	DATE OF SUBPOENA	NUMBER OF DAYS MISSED FROM WORK
DID YOU RECEIVE ANY REIMBURSEMENTS FROM THE COURT?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
AMOUNT OF REIMBURSEMENT \$		

~ Please attach a copy of the Court Subpoena and Reimbursement Receipt(s) ~

\_\_\_\_\_      \_\_\_\_\_  
Member's Signature      Date

All Claims must be accompanied by confirmation of court attendance / ie: a letter or court date stamp on the subpoena.

<b>OFFICE USE ONLY</b>	MEMBER'S DUES PAID TO	DATE OF GOOD STANDING
	DATE SUBPOENA CONFIRMED	APPLICATION APPROVED      YES <input type="checkbox"/> NO <input type="checkbox"/>
	TOTAL AMOUNT APPROVED \$	
	REASON APPLICATION WAS DENIED	

Date Received

Date Approved

**[ SECTION 3 ]**  
**SUBPOENA FOR JURY DUTY/WITNESS FOR CROWN**

By-Laws and Working Rules

Member's Benefits

~ Revised January 2024 ~

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**3.01** If a member of the Local Union is subpoenaed to appear for selection of jurors, crown witness, or in response to a subpoena for the defense for criminal trials, the resulting loss of wages may be reimbursed providing:

- (i) The claimant must be a member in good standing of the Local Union for twenty-four (24) months.
- (ii) Reimbursement shall be in accordance with the current Collective Agreement and will not exceed a maximum of journeyman rate of pay for normal straight-time hours, plus holiday pay.
- (iii) Any payment received from the courts will be deducted from the above payment.

**3.02** Application

- (i) Applications must be made on authorized forms provided by the Trustees and addressed to the Local Union 488 Supplementary Benefit Fund c/o the Local Union Office.
  - (ii) The application must be accompanied by the statement from the court.
  - (iii) The claim must be made prior to the passing of twelve (12) months from the issuance of the statement by the court.
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No member shall be eligible for Supplementary Benefit Trust Fund benefits unless that member has had a minimum of six hundred (600) hours of contributions remitted on his/her behalf by a contributory employer within twenty-four (24) months of the date of application to the Supplementary Trust Fund Benefit Plan. Effective January 1, 2024.

SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR CLAIM, PLEASE FEEL FREE TO CONTACT THE OFFICE @ 780.452.7080