

Professor Catherine E. Mason LL.B (Hons)

HM Senior Coroner for Leicester City & South Leicestershire

Certificate for Los	ss of E	arnings			
Name of Deceased: _					
Only use this form if evidence.	you're a	an employee a	nd your employer is ı	not paying you durin	ng jury service or giving
This form is to be corfor them to bring it to	•		•	•	t back to the employee
Name of employee:					
Enter their net earnin	ıgs that	will be deduct	ed for each day they a	are required by the c	ourt.
Amount in numbers £					
If your employee is n For a full day For a half day	ot requ	ired to attend	court, will they be about \Box	·	nployee for these days.
Please complete the	1			_	_
Monday	7	Tuesday	Wednesday	Thursday	Friday
If your employee is re to work?	leased	from Court on	any day, what is the l	atest time they wou	ld be allowed to return
The Loss of Earnings employer's notepape Name and Address of	r.		an official stamp of t	the employer or a su	upporting letter on the
I confirm that the infinformation.	formation	on given is cori	ect and that I may be	prosecuted if I've giv	en false or misleading
Employer's Signature:			Date:		