



Poll Worker Leave Verification Form

Please take this form with you on Election Day

I _____, worked as a poll worker for the
(Name)

_____ County Board of Elections for the
(County Name)

election that was held on _____.
(Day, Date)

I worked a total of _____ hours as a poll worker on the date indicated above.
(Number)

Employee Signature Date

*If available, please obtain the signature of the Presiding Poll Judge. If the presiding judge is not available mark "unavailable" on the line and a designated agency representative will obtain verification at a later date.
If you are the presiding judge, sign both lines.*

Signature of Board of Elections Official Title Date

Signature of Presiding Judge Title Date

This form must be submitted to your immediate supervisor on the first day you return to work after serving. Please include the completed Request for Leave of Absence Form.

**CLASSIFIED AND UNCLASSIFIED STAFF – RETURN COMPLETED FORM TO HUMAN RESOURCES RECORDS
FACULTY – RETURN COMPLETED FORM TO ACADEMIC PERSONNEL**

HR Records/Academic Personnel Use only

Checked on payroll _____

Leave Form received _____