

POLL WORKER LEAVE VERIFICATION FORM

I, _____, worked as a poll judge for the
(Name of Employee - Printed)

_____ County Board of Elections for the election
(Name of County - Printed)

that was held on _____ . I worked a total
(Date)

of _____ hours as a poll judge on the date referenced above.

(Signature of Employee)

(Date)

(Signature of Board of Elections Official)

(Title)

(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.

This form must be submitted to your immediate supervisor on the first day
you return to work after serving as a judge of elections