

## COUNTY EMPLOYEE POLLWORKER PROGRAM REQUEST FOR LEAVE

In order to participate in the County Employee Poll Worker Program, you must be a registered voter in Mendocino County, or a permanent legal resident of the United States (permanent legal residents may work as clerks only), a regular full-time or part-time employee of Mendocino County, and, for each election, secure the written approval of your immediate supervisor/manager.

This completed and approved form must be filed with your department's payroll clerk on or before the end of the pay period that includes Election Day. In order to participate in this program, you will be required to present the Registrar of Voters with this completed form, and be trained for your assignment.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Name and Location: \_\_\_\_\_

\_\_\_\_\_

Position Title/Classification: \_\_\_\_\_

I meet the stated qualifications for participation in the County Employee Poll Worker Program and wish to work as a poll worker on Election Day. In accordance with the eligibility requirements of the program, I request your approval, as my supervisor/manager, for paid time to attend training on (Date) \_\_\_\_\_ between the hours of \_\_\_\_\_ (am/pm) and \_\_\_\_\_ (am/pm) and to serve as a poll worker on (Date) \_\_\_\_\_.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPERVISOR/MANAGER APPROVAL

I authorize paid time to allow the employee the opportunity to participate in the County Employee Poll Worker Program.

Supervisor/Manager's Name: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor/Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PAYROLL CLERK

You must receive the original application and approval of leave/reassignment by payroll processing day for the affected pay period.

Application and approval of leave filed on: \_\_\_\_\_ Initials: \_\_\_\_\_