

Poll Worker Employment Waiver

Date: _____ Date of Election: _____

Poll Workers Full Name: _____

County of Residency: _____

Residential Address: _____

Poll Worker Signature: _____

County in which you are seeking employment: _____

_____ County has a sufficient amount of poll workers for the Election listed above. The listed Poll Worker working in the adjoining county does not impair the ability of the county to provide adequate staff for the performance of election duties.

Election Superintendent: (Print) _____

Election Superintendent Signature: _____

Adjoining County Office Use Only

I affirm that there is a sufficient need for more poll workers in _____ County

Date Received: _____

Election Superintendent: (Print) _____

Election Superintendent Signature: _____