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