



ELECTION WORKER PAY SHEET

POLL WORKER

The following form is **required** in order to be paid for working the Consolidated Election on May 18, 2021. This form must be **completed, signed and returned** in the "Return on Election Night Envelope".

I, _____, certify that I performed my assigned duties as an elections worker on May 18, 2021 and I affirm that the information supplied herein is true. I certify that I worked a (please circle one): **FULL DAY** **HALF DAY**

Current Information

NAME: _____ PRECINCT WORKED: _____

ADDRESS: _____

CITY, ST, ZIP: _____

CELL: _____ EMAIL: _____

Mailing Information (if different from above)

ADDRESS: _____

CITY, ST, ZIP: _____

Signature: _____

(This form must be signed before payment can be issued)

Checks will be mailed on approximately April 5, 2021

For Office Use Only

Vendor # _____ Amount: \$ _____