Poll Worker Employment Waiver

Date:	_ Election:	
Poll Worker:	County of Residency:	
•	nt amount of poll officers for the Election listed above. Dining county does not impair the ability of the county ince of election duties.	
Election Superintendent: (Print)		
Election Superintendent Signature:		
Adjoining County Office Use Only		
I affirm that there is a sufficient need for n	nore poll officers in County.	
Date Received:		

Poll Worker Employment Waiver

Date:	Election:	
Poll Worker:	County of Residency:	
County has a sufficient amount of poll officers 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 me	ore poll officers in County.	
Date Received:		
Election Superintendent: (Print)		
Election Superintendent Signature:		