



REQUEST FOR TIME OFF TO VOTE

**MUST BE SUBMITTED AT LEAST TWO (2) DAYS IN ADVANCE
AND HAND-DELIVERED TO YOUR SUPERVISOR**

Date Submitted: _____

Name _____

ID# _____

Position _____

Location _____

Location Code _____

Date of Election _____

Amount of time requested (up to 2 hours) _____

Reason: _____

(Please provide a brief explanation for your request.)

☐ I am a registered voter

Employee Signature

☐ Employee timely submitted request

If yes, approved for:

☐ Beginning of Shift

☐ End of Shift

Amount of Time Approved: _____ (up to 2 hours)

Supervisor Signature

Completed form should be submitted to your Supervisor for approval. A copy of the completed and signed form must be submitted to Payroll with your timesheet. Incomplete forms will be returned to employee to be resolved.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY

Department of Human Resources

George Farber Administrative Center – 71 Clinton Road

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