



**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 3 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 3 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.**