

Pay No:

THIS FORM SHOULD ONLY BE COMPLETED IF YOU ARE VALE EMPLOYEE AND WILL BE TAKING ON ADDITIONAL DUTIES WITH THE ELECTORAL REGISTRATION DEPARTMENT.

PERSONAL DETAILS			
Surname:		Forename(s):	Payroll Number:
ADDRESS:			
		Postcode	
Date of Birth:		Nat Ins No:	
Signature:		Date:	

IN ORDER TO APPLY FOR SPECIAL LEAVE ON POLL DAY OR AS A RESULT OF THE VERIFICATION AND COUNT YOU WILL NEED AUTHORISATION FROM YOUR LINE-MANGER.

POSITION DETAILS			
Position:		Are you due to leave the post soon?	Y / N
Department:		If yes, please provide end date:	
Line-managers Name		Line-managers Signature:	

Are you currently on maternity, paternity or adoption leave?	Y / N
If you are on maternity or adoption leave at the date of the election work, please contact us immediately, as taking on this work will have an impact on your remaining pay and leave.	

Election Position Details				Cost Code	
Please Tick	Election Duties		ITR Canvasser		HEF Canvasser