

**PERSONAL DETAILS** 

Surname:

## VALE EMPLOYEE ELECTION DUTIES



## Pay No:

Payroll

Number:

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

Forename(s):

Please Tick	Election Duties		ITR Canv	/asser		HEF Canva	sser	
Election Position Details						Cost Code		
work will have ai	n impact on your rem	aining pay and	l leave.					
	ternity or adoption lea			tion work, ple	ase contac	t us immediat	ely, as	s taking on this
Are you currently	on maternity, paternity	or adoption lea	ve?	/ / N				
	L							
Line-managers Na	ame		L	ine-managers				
Department:				f yes, please p late:				
Position:				Are you due to leave the post soon?		ost Y/N		
POSITION DET	AILS							
COUNT YOU W	ILL NEED AUTHOR	ISATION FRO	OM YOUR I	LINE-MANG	ER.			
	APPLY FOR SPECIA					THE VERIF	ICATI	ION AND
Signature:				Date:				
Date of Birth:				Nat Ins N	No:			
				Postcode	9		•	
ADDRESS:								