



Election Worker Set-Up

General Instructions:
Please Review Fully

Please use uppercase (**CAPITAL**) letters only. Fill in circles as appropriate.
This form is used to document election worker information from a Relier to a Provider. This document should be used to capture all information about an election worker to be set-up in SVRS. After entering information into SVRS, Providers should file this form for reference.

Contact/Jurisdiction Information

1 Relier Information			
Clerk Name			
Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		
County			HINDI #
Telephone Number	Fax Number		
2 Provider Information			
Clerk Name			
County			HINDI #
Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		HINDI #

Election Worker Information

3			
Worker Last Name			
Worker First Name			
Street Number and Name			
Apt. Number	City		
State	W I	ZIP + 4	
Date of Birth (MM/DD/YYYY)	/ /		
Home Telephone Number			
Other Telephone Number			
E-Mail Address			
Social Security Number (optional, for tax purposes)	- -		
Party Affiliation			<input type="radio"/> Unaffiliated
Worker Type	<input type="radio"/> Chief Inspector <input type="radio"/> Chief Inspector AM Shift <input type="radio"/> Chief Inspector PM Shift <input type="radio"/> Alternate Chief Inspector <input type="radio"/> Election Inspector <input type="radio"/> Election Inspector AM Shift <input type="radio"/> Election Inspector PM Shift <input type="radio"/> Election Inspector (student) <input type="radio"/> Alternate Election Inspector <input type="radio"/> Election Inspector & Special Registration Deputy (Indicate Deputy Number if not on election day) <input type="radio"/> Election Inspector & Special Voting Deputy <input type="radio"/> Special Registration Deputy (Indicate Deputy Number) <input type="radio"/> Special Registration Deputy (ED—Election Day) <input type="radio"/> Special Voting Deputy <input type="radio"/> Tabulator		
			Special Registration Deputy Number (If Applicable)
Normal Ward		Does Worker Require Transportation?	<input type="radio"/> Yes <input type="radio"/> No
Worker willing to work outside ward?	<input type="radio"/> Yes <input type="radio"/> No	Is this a State Appointment?	<input type="radio"/> Yes <input type="radio"/> No
Election Types			
Worker Status Expiration Date	/ /		
Additional Comments			

Signature

Relier Signature	X	Date (MM/DD/YYYY)	/ /
Provider Signature	X	Date (MM/DD/YYYY)	/ /