

Hernando County

2024 Election Worker Enrollment Packet



Instructions

All Election Workers, both new and returning, must submit Election Worker Enrollment forms for each Election Cycle. The forms in this packet are for all 2024 Elections (Presidential Preference Primary, Primary Election, General Election).

This packet contains the following items:

- 2024 Election Worker Enrollment Form
- 2024 W-4: Employee's Withholding Allowance Certificate
- 2024 I-9: Employment Eligibility Form (We are required to check employment eligibility using E-Verify for all new hires.)

All forms must be filled out completely and all required identification and direct deposit information must be received by the Election Worker Coordinator of the Hernando County Supervisor of Elections prior to any in-class training, online training, or work assignment. **PARTIALLY COMPLETED ELECTION WORKER ENROLLMENT PACKAGES WILL NOT BE ACCEPTED.**

Completed Enrollment Packages must include the following:

- Voided check or a direct deposit authorization form from your banking institution
- Identification forms to comply with I-9 requirements: Usually a U.S. Passport or BOTH a Florida Driver's License and Social Security Card. (A full list of acceptable forms is listed on the I-9 document.)

2024 Election Worker Enrollment Form



For SOE Use Only
Voter Registration Number: _____
Election Worker Employee Number: _____

Election Worker Information *(Please print neatly.)*

Name: _____

Address: _____

City: _____ State: FL Zip Code: _____

Phone (Cell): _____ May we send you text messages for
employment and training updates? **YES** **NO**

Email Address: _____

Gender - Circle One (Optional): Male Female Other

Race – Circle One (Optional): Hispanic White Black Asian Pacific American Indian Multi-Racial

Hernando County Supervisor of Elections Worker’s Compensation Agreement and Emergency Contact Information

I understand and agree that, if I am injured or have any questions about worker’s compensation, it is my responsibility to seek assistance from my Precinct Clerk. I further understand and agree that if the above procedures are not followed properly, I may become responsible for some of the medical expenses incurred or could be denied certain benefits.

Employee **Signature**: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Direct Deposit Authorization

The undersigned employee hereby provides authorization to have their pay direct deposited to the financial institution and account/accounts listed below. The authorization will remain in effect until cancelled in writing by the employee, if the employee is terminated, or until the next election cycle worked by the employee.

Any changes to the financial institution or the account/accounts which the pay is to be direct deposited into must be provided to the employer in writing by the employee 30 days prior to any changes taking effect.

Employee Name: _____

Employee Social Security Number (Required): _____

Financial Institution: _____



VOIDED CHECK / DIRECT DEPOSIT AUTHORIZATION FORM ATTACHED

Employee *Signature*: _____ Date: _____

Hernando County Drug-Free Policy and Oath

The Hernando County Drug-Free Workplace Policy is in direct compliance with the Drug-Free Act of 1989. Concerned for the health and well-being of Hernando County employees, this Policy declares all Supervisor of Elections work locations as drug-free workplaces. This Policy addresses legal and illegal use of drugs, conditions for violations, penalties, and repercussions as well as the availability of rehabilitation services. The purpose of this oath is to insure that, as a Supervisor of Elections employee, you are aware of the Hernando County Drug-Free Workplace Statement Policy and that the Hernando County Drug-Free Policy has been explained to you by a Supervisor of Elections staff member during training or orientation.

As an employee of the Supervisor of Elections, I, _____, agree to abide by this policy and I fully understand the penalties/repercussions of violating this policy.

Employee *Signature*: _____ Date: _____