



Albert Einstein College of Medicine

## Voting Leave Request Form

In accordance with New York State Election Law, employees who are *registered* to vote may, without loss of pay, be granted up to two (2) hours off from work to vote. Approved time off will only be granted if an employee has less than four (4) hours to vote between the opening or closing of the polls and the start or end of their regular shift. A completed form must be submitted for approval to an employee's supervisor no less than two (2) working days prior to Election Day.

### Section 1 – Employee Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Regular Shift: \_\_\_\_\_

### Section 2 – Employee Certification

I, \_\_\_\_\_, am a registered voter eligible to vote on Election Day.

I am requesting time off from work without loss of pay for the purpose of voting on \_\_\_\_\_.

I am requesting the following number of hours off to vote: \_\_\_\_\_ (not to exceed 2 hours).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3 – Supervisor Certification (Check one)

**NOTE TO SUPERVISOR:** *Hours off to vote must be consecutive (beginning or end of a shift), unless otherwise mutually agreeable. Employees to be notified of approved change in schedule (late start or early departure) no less than one (1) day prior to Election Day. Forms must be kept for payroll and attendance purposes.*

Approved:  Denied:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date