



OFFICE OF THE CITY CLERK

300 East Main Street
Sun Prairie, WI 53590-2227
(608)837-2511
FAX (608)825-6879
Website www.cityofsunprairie.com

This letter contains important information about your interest in becoming an Election Official (*formerly called a Pollworker*) for the City of Sun Prairie. We rely heavily on our dedicated Election Officials and appreciate your interest in serving your community.

You will need to complete three (3) documents:

Election Official Application

Payroll Direct Deposit Authorization

All employees must be paid through direct deposit.

If you would like to be paid for your time, you will need to complete this form, attach a VOIDED check and return this form in-person.

***Volunteers do not need to complete this form or attach a voided check.**

Official Oath (City of Sun Prairie provides notary services at no cost; however, you are welcome to use any notary that you choose)

These documents, except the Payroll Direct Deposit Authorization form can be mailed to our office. Otherwise dropped off in-person at 300 E Main St. Your information will be added to our Election Official database when we receive all completed paperwork and voided check. We will send out more information prior to each election.

Sincerely,

Elena Hilby
City Clerk - City of Sun Prairie
300 East Main Street
Sun Prairie, WI 53590

Office: 608-837-2511 // Fax: 608-825-6879
Email: Voting@cityofsunprairie.com

Election Official Application

All eligible Election Officials for the City of Sun Prairie must reside in Dane County.

Please print clearly!

Full name _____

Address _____

Email: _____

Primary Phone: _____ Secondary Phone: _____
 Cell Home Cell Home

Check all the ways you are willing to receive election-related communication from the Clerk's Office:

Email Text USPS/Mail

I wish to volunteer my time and **not** receive compensation. Yes* No
**If you have marked Yes, you do not need to complete the rest of this form.*

I wish to receive compensation for my time. Yes* No
**If you have marked Yes, you must complete the rest of this form.*

Have you ever been an Election Official for the City of Sun Prairie? Yes No

Have you ever worked for the City of Sun Prairie? Yes* No

**If yes, which department and how long ago? _____*

If you are a new Election Official, and have never received a paycheck from the City of Sun Prairie, please provide the following information so you are able to receive compensation:

Social Security #: _____ (must be provided to receive a paycheck)

Date of Birth: _____

Are you a high school student in Dane County? Yes* No

**If yes, are you a student of Sun Prairie High School? Yes No*

Please mark any languages that you speak (other than English):

Spanish Hmong Other _____



CITY OF SUN PRAIRIE *Wisconsin*

IF USING THIS FORM – IT MUST BE DELIVERED IN PERSON TO YOUR DEPARTMENT OR TO HUMAN RESOURCES – FOR SECURITY PURPOSES, NO EMAIL WILL BE ACCEPTED

John Jones
124 Main Street
Anywhere, MA 02345

Date: _____

Pay to the order of: _____ \$ _____ Dollars

EXAMPLE

123456789 1234567891011 0259

9 digit Routing Number **Account Number (1-17 digits)** **Check Number (do not include)**

The City of Sun Prairie mandates that all employees participate in the direct deposit program. Once you sign up for direct deposit, it is your responsibility to provide at least **two weeks** notice to the Human Resources Department if you wish to change accounts.

Your payroll notice will be emailed to you in a **password protected file** prior to payday. You can access the attachment with the last four digits of your Social Security number.

I authorize the City of Sun Prairie and the financial institution listed below to initiate electronic credit entries each payday. Also, I hereby grant the city the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment to my:

- Checking Account Savings Account

Financial Institution/Branch

Routing #

Account #

This authority will remain in effect until I have cancelled or modified it in writing or through the online payroll portal.

PRINT NAME

email

Signature

Date

ID VERIFIED AND RECEIVED BY:
_____ Initials
_____ Department
_____ Date