Committee to Elect Candidate X: Election Day Wage Record

Employee Name: _____ Social Security Number: _____

Home Address: _____ Phone Number: _____

_____

Date: _____

Time In: _____ Time Out: _____

Duties Performed: _____

_____

_____

Salary Amount: _____ Total Hours Worked: _____

Verification

I affirm I have performed the duties, worked the hours, and received the salary amount listed above.

_____

Employee Signature Date Treasurer Signature Date

Paid: _____ by cash or check (circle one) Check Number: _____

Paid for by _____ (Committee or Third Party Vendor)