Absentee Ballot Application Instructions

If you would like to have an absentee ballot mailed to you, PRINT legibly on the application below and sign where it says " Signature of Member". You must be a member of GESPA/USEA. This application is only good for one vote. If more than one vote appears in your name, your vote will be disqualified.

For your application to be complete, you must have the following:

The Date of the Election
The Date of the Application
The Applicants daytime phone number
The Name of the Applicant as it appears on the Membership List
The Address at which the Applicant is living
The Reason for which an absentee ballot is needed
The Signature of the Applicant.

If you are going to be away from home and need a ballot mailed to a location other than your home address, fill out the section labeled "Mailing Address if different than Home Address."

Note: The original Absentee Ballot Application must be delivered or mailed to the Association. Copies will not be accepted. The original application must be receive 10 days prior to the election day. Absentee Ballots cannot be mailed if an application is not received after the deadline. This application will only apply to the specific election for which the application is intended.

ABSENTEE BALLOT APPLICATION

(FOR ASSOCIATION MEMBERS ONLY)

Date of Election_____ Date of Application_____

Home Phone _____ Work Phone_____

Print
Name_____
First Middle/Initial Last

Address_____
Number Street Apt. City Zip

I expect to be prevented from going to the poll on election day due to the following checked reasons:

_____ Incapacity or Confinement due to Illness or Physical Disability.

_____ Employment (having to work during the time the poll is open).

_____ Vacation, Personal Leave.

_____ Other:_____

_____
Signature of Member

DEPARTMENT

- ☐ Custodial
- ☐ Food Service
- ☐ Instructional Assistants
- ☐ Maintenance
- ☐ Secretarial
- ☐ Technology
- ☐ Transportation
- ☐ Warehouse/D.O.
- ☐ Other_____

Work Location

_____

☐ **Contract** ☐ **Hourly**

MAILING ADDRESS IF DIFFERENT THAN HOME ADDRESS

_____

_____

_____

_____
City State Zip

ASSOCIATION USE ONLY

OFFICE RECEIVED _____ **BALLOT MAILED OUT**_____ **BALLOT #** _____