



Election Judge Payroll System Enrollment Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: MN ZIP CODE: _____

SOCIAL SECURITY #: _____ BIRTH DATE: _____

EMAIL ADDRESS: _____

In accordance with the Minnesota Government Data Practices Act, the City of New Brighton is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. All data collected is considered private, including your political party affiliation, except for the following:

1. Your name
2. Your job title
3. Your polling place assignment
4. Your education and training
5. Your work availability
6. Your salary

Private data is available only to you, appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it. The information requested on this form is needed to enter you into our payroll system and pay you the agreed upon wages for the work you perform as an Election Judge for the City of New Brighton. If you do not provide the data requested, we will be unable to provide you with compensation.

By completing and signing this form, I acknowledge that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Election Judge Signature

Date