



Notice of Appointment
February 4, 2025

You have been appointed as an Officer of Election for a term of 2 years beginning March 1, 2025 and ending on the last day of February, 2027. *Article II, Section 7* of the *Constitution of Virginia* requires you to take the enclosed oath.

Do not confuse the enclosed oath with the one required each Election Day by Code of Virginia § 24.2-611. You will still need to take that oath each Election Day, and it is not a substitute for the enclosed oath.

Please ensure that you take the required oath before March 1, 2025, to comply with legal filing requirements.

You may complete/return the oath, W9, and Response to Notice of Appointment using one of the following methods:

1. **In Person at Our Office** – We will provide the necessary paperwork for you to complete.
2. **Print and Mail** – The oath must be administered by an authorized official, such as a notary, an electoral board member, or a Clerk or Deputy Clerk of the Circuit Court. Once completed, please return it via U.S. Mail to

Tazewell County
Office of Voter Registration
2848 Riverside Dr
North Tazewell VA 24630.

3. **Request a Hard Copy by Mail** – You may request a hard copy of the paperwork by mail. The oath must be administered by an authorized official, including a notary, an electoral board member, or a Clerk or Deputy Clerk of the Circuit Court. Once completed, return it in the provided envelope.

The Constitution of Virginia prohibits any person, deputy or employee of a person who holds an elected office in the government of the United States, the Commonwealth, or any county, city or town of the Commonwealth from serving as an Officer of Election.

If you have been appointed after the beginning of the term on March 1, please take and sign the oath as soon as possible and before serving as an Officer of Election. You should return the enclosed response form to the Office of Voter Registration as soon as possible.



If you are taking a day off from work to perform this important civic duty, please make sure your employer is aware that the Code of Virginia provides for an excused absence for Election Officials. See the VA Code Section Below:

24.2-118.1. Prohibition on discrimination in employment; penalty.

Any person who serves as an officer of election as defined in 24.2-101 shall neither be discharged from employment, nor have any adverse personnel action taken against him, nor shall he be required to use sick leave or vacation time, as a result of his absence from employment due to such service, provided he gave reasonable notice to his employer of such service. No person who serves for four or more hours, including travel time, on his day of service shall be required to start any work shift that begins on or after 5:00 p.m. on the day of his service or begins before 3:00 a.m. on the day following the day of his service. Any employer violating the provisions of this section shall be guilty of a Class 3 misdemeanor.

Sincerely,

Sherman Cain

Secretary, Electoral Board of Tazewell County

Election Official Etiquette

1. **Be Punctual**

- Arrive on time (5 AM) to allow time for setup before polls open.

2. **Dress Appropriately**

- Dress professionally (Business Casual) and comfortably to represent our office well.

3. **Maintain Professionalism**

- Stay calm, respectful, and courteous always.

4. **Know Your Role**

- Know your duties to keep the polling place running smoothly.

5. **Provide Assistance**

- Assist voters attentively without influencing their choices.

6. **Keep Conversations Neutral**

- Avoid sharing political views to stay nonpartisan.

7. **Respect Voter Privacy**

- Protect voter confidentiality and privacy.

8. **Stay Calm Under Pressure**

- Handle stressful situations with composure. If conflicts arise, seek the Chief.

9. **Follow Procedures**

- Follow all election laws and procedures without deviation

10. **Use Technology Properly**

- Learn to operate voting machines and assist voters as needed.

11. **Work as a Team**

- Collaborate with fellow poll workers to create a positive atmosphere and help each other.

12. **Communicate Clearly:**

- Speak clearly and politely when interacting with voters and other poll workers.

13. **Take Breaks Responsibly**

- Coordinate breaks with your team to ensure that there is always coverage at your station.

14. **Maintain a Clean Environment**

- Keep your area tidy and organized, ensuring that all materials are in order.

15. **Report Issues Promptly**

- Report any issues, like technical problems or voter concerns, to your Chief immediately

16. **Stay Until the End**

- Fulfill your entire shift and help with closing procedures.

17. **Express Gratitude**

- Thank voters for participating in the electoral process.



Appointment Information	I have been notified of my appointment as an Officer of Election by the Electoral Board of the <u>County of Tazewell</u> .
Accept or Reject the Appointment	<p>1</p> <input type="checkbox"/> I do not accept appointment as an Officer of Election. (Skip to #3) <input type="checkbox"/> I do accept appointment as an Officer of Election. (Go to #2)
Qualifications to Serve	<p>Check all that apply:</p> <p>2</p> <input type="checkbox"/> I do not hold any elected office, whether paid or unpaid, of the government of the United States, the Commonwealth of Virginia, or any Virginia county, city, or town. <input type="checkbox"/> I am not the deputy or the employee of an elected official. <input type="checkbox"/> I understand that if both a Democratic and Republican primary will be held in my city or county that all Officers of Election serving at the primary are required to attend the training session on dual primary procedures, and that failure to attend training may make me ineligible to work at the primary election.
Contact Information (Please Print)	<p>3</p> Name: _____ Address: _____ APT/Suite #: _____ City: _____ State: <u>VA</u> Zip Code: _____ Home Phone: _____ Cell Phone: _____ Email address: _____
Political Party Preference (Choose only 1)	<p>4</p> <input type="checkbox"/> I would prefer to represent the Democratic Party. Please forward my information to the party chair. <input type="checkbox"/> I would prefer to represent the Republican Party. Please forward my information to the party chair. <input type="checkbox"/> I would prefer to be unaffiliated.
Signature	<p>5</p> The information above is true and correct to the best of my knowledge, and I accept my appointment as an Officer of Election. _____ Signature _____ Date _____

Office Use Only		
Home Precinct: _____	Assigned Precinct: _____	Date received: _____
Party Representation:	<input type="checkbox"/> Democratic	
	<input type="checkbox"/> Republican	
	<input type="checkbox"/> No Party	

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <div style="background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions. <div style="background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>	Requester's name and address (optional)	
	6	City, state, and ZIP code <div style="background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <div style="background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>	Date <div style="background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**Commonwealth of Virginia
OATH OR AFFIRMATION**

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the Commonwealth of Virginia, and that I will faithfully and impartially discharge all the duties incumbent upon me as an Officer of Election of Tazewell County for the term beginning March 1, 2025 and ending on the last day of February, 2027 according to the best of my ability (so help me God).

SIGNATURE OF PERSON TAKING OATH

Subscribed and sworn to before me this _____ day of _____, 2025.

SIGNATURE OF PERSON ADMINISTERING OATH

TITLE OF PERSON ADMINISTERING OATH
[MUST BE ONE OF THE INDIVIDUALS LISTED BELOW]

Take the above oath and sign it before one of the following: the Clerk or Deputy Clerk of the Circuit Court, a Member of the Electoral Board, the General Registrar, a Deputy Registrar or a Notary.

Return it to the Clerk of Circuit Court to be filed as required by § 49-8 of the Code of Virginia.