

APPLICATION FORM FOR AMENDMENT/INCLUSION TO THE STAFF ELECTORAL REGISTER

l,	declare that I am an Eligible Staff Member who, on the 4 th	March, 2024
per Regulation 6 (1) of the	Education and Training Boards Act 2013 (Election of Staff) Regulations
2014, was employed as a	staff member by Mayo, Sligo and Leitrim ETB (MSLETB) and whose
remuneration in respect of	that employment is paid by MSLETB and that, consequently	у-
(a) I am eligible to be inclu	ided on the electoral roll, or	
(b) I wish my name and/or	address on the electoral roll to be amended as set out belo	ow.
(delete (a) or (b) as appropriate).		
Full Name of Applicant:		
Address:		
-		
Place of Employment:		
Payroll Number:		
Signed:	Date:	
Completed Forms should b	e submitted to Returning Officer, Mayo, Sligo and Leitrim E	TB, Newtown,
Castlehar Co Mayo or scan	aned and emailed to staffelections 2024@mslethile	

Closing Time and Date: 5pm Wednesday 10th April 2024.