**Employer Request for Polygraph**

EMPLOYEE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE/TIME NOTICE GIVEN TO EMPLOYEE LOCATION FOR EXAMINATION

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take notice that the above employee has agreed to submit to a polygraph examination in connection with an ongoing investigation. The Employer is aware that this polygraph examination is governed under law and guidelines set forth in the Employee Polygraph Protection Act of 1988. Information on the Employee Polygraph Protection Act may be obtained from the Wage and Hour Division of the United States Department of Labor.

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AUTHORIZED COMPANY REPRESENTATIVE / DATE