**Waiver of Notice**

**Polygraph Exmination**

**48 hours to 24 hours**

Pursuant to Title 29 Code of Federal Regulations § 801.23, I understand that I must receive forty-eight hours advance, written notice of the date and time of the polygraph examination. This section further provides that I may waive the forty-eight hour notice and the polygraph examination may be administered after twenty-four hours notice.

By my signature below, I hereby waive the forty-eight hour notice requirement and agree to take the examination following the expiration of twenty-four hours written notice.

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_