

Form 101

EMPLOYER'S NOTICE OF EMPLOYEE TO BE ADMINISTERED A
POLYGRAPH EXAMINATION

Employer's Name: _____

Business Street Address: _____

City: _____ State _____ Zip _____

Employee's Name: _____

Address of location where Employee is employed:

Street _____

City _____ State _____ Zip _____

PLEASE TAKE NOTICE That the above named employee is to be administered a polygraph examination in connection with an ongoing investigation, pursuant to Section 7(d) of the Employee Polygraph Act of 1988 and the applicable Department of Labor regulations.

Firm Name: _____

Officer's Name - Please Print: _____ Signature _____

Title or Position _____ Date: _____

Received a copy of the above notice.

INVESTIGATIONS BY RETIRED COPS

By: _____ Date: _____