



**EMPLOYEE POLYGRAPH TESTING
INFORMATION PACKET**

EMPLOYER CHECKLIST AND GENERAL GUIDELINES

Central Polygraph Service Limited is furnishing the following information, which it believes is in good faith, and conforms with the Department of Labor's Regulations relating to polygraph tests for employees. Such information and forms are to be considered only as guidelines to assist in complying with the Act and Regulations and Central Polygraph Service Limited is disclaiming any liability in connection therewith. Clients should develop their own forms, using their own company letterhead, in place of the forms which are provided in this packet as sample guidelines. Please contact Central Polygraph Service at 847-919-0027 or 1-877-765-9872 in order to receive test appointment date, time and location availability prior to completing any forms.

CHECKLIST FOR THE EMPLOYER AND BUSINESS OWNER

1. The incident must be an ongoing, specific investigation.
2. It must be an identifiable economic loss to the employer.
3. Obtain a copy of the Employee Polygraph Protection Act of 1988.
4. Provide the employee with a written statement that includes (**FORMS 101-A and 101-B IN THIS PACKET**):
 - a. Identification of the company and location of the employee
 - b. Description of the loss or activity under investigation
 - c. Location of the loss
 - d. Specific amount of the loss
 - e. Type of economic loss
 - f. How the employee had access to the loss (*Access alone is not sufficient grounds for polygraph testing*)
 - g. What kind of reasonable suspicion there is to suspect the employee of being involved in the loss. (*Reasonable suspicion as defined under the Act includes inconsistencies between facts, claims, statements, information from a co-worker and the employer's behavior, demeanor or conduct*)
5. The statement provided to the employee **MUST** be signed by someone other than the polygraph examiner, who is authorized to legally bind the employer and **MUST** be retained for at least 3 years.
6. Read the Notice to Examinee to the employee, which should be signed, timed, dated and witnessed (**FORM 104 IN THIS PACKET**).
7. Provide the employee with 48 hours advanced notice (not counting weekends or holidays) prior to the date and time of the scheduled polygraph test.
8. Provide employee with written notice of the date, time and location of the polygraph test, including written directions if the test is to be conducted at a location other than the place of employment (**FORMS 101-C and 101-D IN THIS PACKET**).
9. Maintain a statement of adverse actions taken against the employee following a polygraph test.
10. Conduct an additional interview of the employee prior to any adverse action following a polygraph test and provide the employee with a copy of the polygraph report, along with the questions, conclusions and charts.
11. Maintain a record of ALL of the above for a minimum of 3 years.
12. Employees may not waive their rights. Even if the employee volunteers to take a polygraph, you still must comply with the Employee Polygraph Protection Act.
13. Have your corporate attorney review your actions to assure your compliance.

EMPLOYER'S STATEMENT TO EMPLOYEE
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 1 of 3

COMPANY NAME: _____

EMPLOYER'S NAME: _____

COMPANY ADDRESS: _____

EMPLOYEE'S NAME: _____

LOCATION WHERE EMPLOYEE IS EMPLOYED: _____

1. INCIDENT OR ACTIVITY BEING INVESTIGATED

A) Description of Incident or Activity: _____

B) Date and Time Incident Occurred: _____

C) Location Where Incident Occurred: _____

D) Approximate Dollar Amount: \$ _____

2. TYPE OF ECONOMIC LOSS UNDER INVESTIGATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Theft | <input type="checkbox"/> Misappropriation/Embezzlement | <input type="checkbox"/> Check Kiting |
| <input type="checkbox"/> Industrial Espionage | <input type="checkbox"/> Product Tampering | <input type="checkbox"/> Sabotage |
| <input type="checkbox"/> Money Laundering | <input type="checkbox"/> Secret Information | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Other: _____ | | |

EMPLOYER'S STATEMENT TO EMPLOYEE
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 2 of 3

3. IF INCIDENT OR ACTIVITY INVOLVED MONEY, MERCHANDISE OR OTHER PROPERTY, AREA IN WHICH SUCH ITEMS ARE LOCATED AND THE EMPLOYEE'S ACCESS THERETO:

4. BASIS OF EMPLOYER'S REASONABLE SUSPICION THAT THE EMPLOYEE WAS INVOLVED IN THE INCIDENT OR ACTIVITY UNDER INVESTIGATION

A) Information from a co-worker or other individual: _____

(Note: The identity of person providing information used to establish reasonable suspicion NEED NOT be revealed)

B) Inconsistencies between facts, claims or statements that surfaced during the investigation: _____

C) Employee's behavior or conduct: _____

D) Circumstances surrounding access or opportunity: _____

EMPLOYER'S STATEMENT TO EMPLOYEE
WITH RESPECT TO ONGOING INVESTIGATION AND NOTICE OF
REQUEST FOR POLYGRAPH EXAMINATION - PAGE 3 of 3

DATE

TO: _____
EMPLOYEE NAME

EMPLOYEE ADDRESS

You are hereby requested to submit to a polygraph examination on _____ at _____ at Central
Polygraph Service Limited at: DATE TIME

**Central Polygraph Service Ltd.
One Northfield Plaza
560 W. Frontage Road
Suite 300
Northfield, IL 60093**

Written driving directions to the office location selected above are attached to this letter.

Please be advised that you have forty-eight hours, excluding weekend days and holidays, in which to consult with an attorney or employee representative before the scheduled examination.

You also have the right to consult with legal counsel or an employee representative before each phase of the polygraph examination. However, your attorney or employee representative may be excluded from the room where the examination is administered during the actual testing phase.

The undersigned, an authorized representative of the employer, states as follows:

- A) The information contained herein is true to the best of my knowledge, information and belief.
- B) There is reasonable suspicion that the employee was involved in the incident or activity under investigation.
- C) A copy of all 3 pages of the EMPLOYER'S STATEMENT TO EMPLOYEE was delivered to the employee named herein on:

_____ at _____
DATE TIME

EMPLOYER SIGNATURE PRINT NAME TITLE AND POSITION DATE

Received a copy of this EMPLOYER'S STATEMENT TO EMPLOYEE

EMPLOYEE SIGNATURE PRINT NAME DATE TIME

WITNESS PRINT NAME

DRIVING DIRECTIONS

ONE NORTHFIELD PLAZA - 560 WEST FRONTAGE ROAD - SUITE 300 - NORTHFIELD, IL 60093

Directions from North (Deerfield, Gurnee and Milwaukee)

Take US-41 South or I-94 East towards Chicago. Continue on I-94 passing Lake Cook Road and Dundee Road until EAST TOWER ROAD EXIT 31. Exit at the EAST TOWER ROAD EXIT 31. At the stop light, turn left onto FRONTAGE ROAD. Proceed approximately ½ of a mile past the Jeep dealership to ONE NORTHFIELD PLAZA which will be on your right side. Proceed to the 3rd floor of One Northfield Plaza Suite 300.

Directions from South (Chicago Area and Downtown)

Take I-94 West. Continue on I-94 passing Dempster Street, Old Orchard and Lake Street until WEST WILLOW ROAD EXIT 33A. Exit at the WEST WILLOW ROAD EXIT 33A. At the stop light, on the corner of CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is, turn right. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza Suite 300.

Directions from West (Schaumburg and Arlington Heights)

From Schaumburg - Take IL-53 North towards Rolling Meadows. Take the East Palatine Road Exit. Drive East on Palatine Road which will become Palatine Road Express Lanes. Continue driving East on Palatine Road Express Lanes. Continue as follows:
From Arlington Heights Take the Palatine Road Express Lanes driving East which will become Willow Road. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left side just prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza Suite 300.

Directions from O'Hare Airport Area

Take I-294 North towards Milwaukee. Exit at the WILLOW ROAD EXIT and turn right. Continue driving East on Willow Road until CENTRAL AVE (and HAPP ROAD) where the Starbucks Coffee is and turn left on CENTRAL AVE. Proceed approximately 0.4 miles on CENTRAL AVE which will curve to the left and merge into FRONTAGE ROAD to ONE NORTHFIELD PLAZA which will be on your left just side prior to the Jeep dealership. Proceed to the 3rd floor of One Northfield Plaza Suite 300.

NOTICE TO EMPLOYEE
EMPLOYEE POLYGRAPH PROTECTION ACT

Section 8(b) of the Employee Polygraph Protection Act, and Department of Labor regulations (29 CFR 801.22, 801.2, 801.24, and 801.25) require that you be given the following information before taking a polygraph examination:

1. (a) The polygraph examination area does contain a video camera through which you may be observed and recorded.
 (b) Another device, such as those used in conversation or recording, will be used during the examination.
 (c) Both you and the employer have the right, with the other's knowledge, to record electronically the entire examination.

2. (a) You have the right to terminate the test at any time.
 (b) You have the right, and will be given the opportunity, to review all questions to be asked during the test.
 (c) You may not be asked questions in a manner which degrades, or needlessly intrudes.
 (d) You may not be asked any questions concerning: Religious beliefs or opinions; beliefs regarding racial matters; political beliefs or affiliations; matters relating to sexual preference or behavior; beliefs, affiliations, opinions, or lawful activities regarding unions or labor organizations.
 (e) The test may not be conducted if there is sufficient written evidence by a physician that you are suffering from a medical or psychological condition or undergoing treatment that might cause abnormal responses during the examination.
 (f) You have the right to consult with legal counsel or other representative before each phase of the test, although the legal counsel or other representative may be excluded from the room where the test is administered during the actual testing phase.

3. (a) The test is not and cannot be required as a condition of employment.
 (b) The employer may not discharge, dismiss, discipline, deny employment or promotion, or otherwise discriminate against you based on the analysis of a polygraph test, or based on your refusal to take such a test without additional evidence which would support such action.
 (c) (1) In connection with an ongoing investigation, the additional evidence required for an employer to take adverse action against you, including termination, may be (A) evidence that you had access to the property that is the subject of the investigation, together with (B) the evidence supporting the employer's reasonable suspicion that you were involved in the incident or activity under investigation.
 (2) Any statement made by you before or during the test may serve as additional supporting evidence for an adverse employment action, as described in 3(b) above, and any admission of criminal conduct by you may be transmitted to an appropriate government law enforcement agency.

4. (a) Information acquired from a polygraph test may be disclosed by the examiner or by the employer only:
 - (1) To you or any other person specifically designated in writing by you to receive such information;
 - (2) To the employer that requested the test;
 - (3) To a court, governmental agency, arbitrator, or mediator that obtains a court order;
 - (4) To a U.S. Department of Labor official when specifically designated in writing by you to receive such information.
 (b) Information acquired from a polygraph test may be disclosed by the employer to an appropriate governmental agency without a court order where, and only insofar as, the information disclosed is an admission of criminal conduct.

5. If any of your rights or protections under the law are violated, you have the right to file a complaint with the Wage and Hour Division of the U.S. Department of Labor, or to take action in court against the employer. Employers who violate this law are liable to the affected examinee, who may recover such legal or equitable relief as may be appropriate, including, but not limited to, employment, reinstatement, and promotion, payment of lost wages and benefits, and reasonable costs, including attorney's fees. The Secretary of Labor may also bring action to restrain violations of the Act, or may assess civil money penalties against the employer.

6. Your rights under the Act may not be waived, either voluntarily or involuntarily, by contract or otherwise, except as part of a written settlement to pending action or complaint under the Act, and agreed to and signed by the parties.

I acknowledge that I have received a copy of the above notice, and that it has been read to me.

Employee Signature

Date

Time

Witness Signature

POLYGRAPH EXAMINATION REQUEST AND PAYMENT AUTHORIZATION



CLIENT PAYEE INFORMATION - PERSON REQUESTING AND PAYING FOR POLYGRAPH EXAMINATION

Client Name Company Name
Street Billing Address Apt/Suite No.
City State Zip Code
Contact Tel No. E-Mail Address

EXAMINEE INFORMATION - EMPLOYEE TAKING POLYGRAPH EXAMINATION

Requesting Polygraph Examination For (Full Name of Examinee)

POLYGRAPH EXAMINATION DATE - TIME - COST

Examination Date Examination Time AM PM Total Examination Cost

PAYMENT INFORMATION

Paying by Visa MasterCard American Express Discover Bank Debit Card
Credit Card Account Number Expiration Date
Verification Last 3 Digit Numbers on Back of Credit Card (Visa/MC/Discover) or 4 Digit Numbers on Front of Card (Amex)
Purchase Order/Authorization Reference No. (If Applicable)

TERMS AND CONDITIONS - PLEASE READ CAREFULLY BEFORE SIGNING

By signing this Polygraph Examination Request and Payment Authorization Form, I fully authorize Central Polygraph Service Limited to charge my above credit card account in the above stated total examination cost amount for a polygraph examination and agree to all terms and conditions for credit card authorizations and sales. I also agree not to charge back Central Polygraph Service Limited or to dispute this credit card charge with my issuing credit card company or bank regardless of the outcome, results and or opinions rendered by Central Polygraph Service Limited and or any of its officers, employees and or examiners in relation to the polygraph examination. I fully understand that in the event I or the examinee cancel the polygraph examination appointment less than 48 hours prior to the stated examination date and time, 50% of the above total examination cost will be charged to my credit card. I also fully understand that if I or the examinee cancel the polygraph examination appointment less than 24 hours prior to the stated appointment date and time or if the examinee fails to appear for the polygraph examination on the stated examination date and time, the above total examination cost will be charged to my credit card. I also fully understand that once the appointment session has begun, the above total examination cost is non-refundable regardless of the final results and or opinions rendered or of the early termination of the examination process by either the client, examinee and or examiner. I do hereby RELEASE, WAIVE, FOREVER DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm Central Polygraph Service Limited and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from requesting, paying for and or taking this polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Central Polygraph Service Limited and any of its Examiners, officers and or employees from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF Central Polygraph Service Limited and any of its Examiners, officers and or employees.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Client _____

Signature of Client _____

Date _____

Time _____

EMPLOYER'S NOTICE TO CENTRAL POLYGRAPH SERVICE
OF EMPLOYEE TO BE ADMINISTERED A POLYGRAPH EXAMINATION PURSUANT TO SECTION 7(d) OF
THE EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988

COMPANY NAME: _____

EMPLOYER'S NAME: _____

COMPANY ADDRESS: _____

TEL: _____ CELLULAR: _____ FAX: _____

EMPLOYEE'S NAME: _____

LOCATION WHERE EMPLOYEE IS EMPLOYED: _____

Enclosed with this notice are the following completed and signed documents:

- | | |
|---|----------------|
| <input type="checkbox"/> Copies of FORM 101-A, 101-B and 101-C | 3 Pages |
| <input type="checkbox"/> Copy of FORM 104 | 1 Page |
| <input type="checkbox"/> PAYMENT AUTHORIZATION FORM | 1 Page |
| Total Pages (Including This One): | 6 Pages |
| <input type="checkbox"/> + Additional Supporting Documents: | ___ Pages |

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 Protection Act of 1988 and the applicable Department of Labor Regulations.

EMPLOYER SIGNATURE

PRINT NAME

TITLE AND POSITION

DATE

**PLEASE FAX THIS PAGE ALONG WITH THE ABOVE
COMPLETED AND SIGNED DOCUMENTS TO
847-915-7891**