

FORM 102

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

* * * * *

Employer's Name: _____

Business Address: _____

Street

City

State

Zip

* * * * *

Employee's Name: _____

Address of location where Employee is employed:

Street

City

State

Zip

Hat Squad Investigations

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.
Hat Squad Investigations

By: _____

Date: _____