

NOTICE TO EMPLOYEE

We request that you submit to a polygraph examination on _____, 20____ at _____ (a.m./p.m.) at the offices of Florida Polygraph Associates, Inc., located at 395 East Central Avenue, Merrill Lynch Building, Winter Haven, Polk County, Florida 33880.

Please be advised that you 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.

Signed,

[SIGNATURE OF COMPANY REPRESENTATIVE]

[PRINT NAME OF COMPANY]

[SIGNATURE OF EMPLOYEE]

DATE:

TIME: