**SAMPLE**

Red text denotes a field that needs to be changed by the user.

**Biometric Data Privacy Employee Consent Form**

As outlined in the “Biometric Data Privacy Policy,” I understand and consent to the collection, use, storage, and/or disclosure of biometric data by [Company], its vendors, and/or the provider of [Company]’s time, attendance, and workforce management solutions, as well as the retention and destruction policy of said biometric data.

I acknowledge that [Company] provided me with a copy of the “Biometric Data Privacy Policy” or that it has been made accessible to me, and that I have had the opportunity to review and request any additional information I may need.

I acknowledge that I am free to decline providing biometric identifiers to [Company], its vendors, and/or the provider of [Company]’s time, attendance, and workforce management solutions without adverse employment actions. I understand that I may revoke this consent at any time by notifying [Company] with a written notice.

I acknowledge receipt of this notice and consent to the collection and use of my biometric data. I also release any past or future claims again [Company] for the capture and use of biometric information.

### Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Disclaimer:** This document is intended for informational purposes only and does not constitute legal information or advice. Transmission of documents or information does not create an attorney-client relationship. This document must be reviewed and approved by client and client’s legal advisors.

***Please return this form.***