SAMPLE 48/24 HOUR NOTICE FROM EMPLOYER TO EMPLOYEE
CLIENT ORGANIZATION LETTERHEAD IN MEMO FORMAT

DATE: **[ ]**

TO: **[Employee's Name and Home Address]**

FROM: **[Name of Issuing Official Printed] {Signature required at the bottom}**

SUBJECT: NOTICE OF POLYGRAPH EXAMINATION IN COMPLIANCE WITH THE EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988 AS AMENDED.

This memo constitutes the notice of employee polygraph examination in compliance with the Employee Polygraph Protection Act of 1988 as amended. You are hereby requested to submit to a polygraph examination on *[date*] at [*time*] conducted by the Polygraph Science Center's [*Grapevine*] Lab, which is located at [*1701 W. Northwest Highway, Grapevine, Texas 76051*]. Their phone number is [*817-691-4185*]. Should something happen to disrupt your schedule, please notify the lab. The name of the licensed, certified and insured examiner is *[Jeanne Masters* or *James Kelly*].

The examination will address specific questions that have arisen from our ongoing investigation. The facts are: [*using the suggested check list shown on another .pdf file, describe the economic loss or injury to the employer's business*].

You had access to the [*property, codes or controls, etc*] that is the subject of this investigation because [*again using the checklist, describe the employee's access to the source of the loss*].

We have a reasonable suspicion of your involvement in the described incident based on the following facts: [*describe the details of the reasonable suspicion*].

Please be advised that you have the right to consult with an attorney or an employee representative before each phase of the polygraph examination. However, your attorney or advocate may be excluded from the examination room during the actual testing phase.

The examiner and we wish to give you every opportunity to have a successful positive examination. For that reason you are asked to get a good rest, eat lightly, and refrain from any alcohol or non-prescribed drugs for a period of 24 hours prior to the examination. Sensors will be placed on your body so for that reason, do not wear any bulky clothing and do wear shoes that you can easily slip off. The examiner will review with you the nature and methodology of the polygraph examination.

_____ _____
Signature block for the issuing authority Date signed

SERVICE: _____ _____ _____
TIME DATE PERSON DELIVERING

SERVICE NOTES: _____

_____ _____
Signature of acknowledgment of service by employee DATE