

0EMPLOYEE ACKNOWLEDGMENT AND CONSENT – BIOMETRIC INFORMATION

The Facility has adopted a written policy to address how it will collect, use, store, disclose and destroy biometric information (the “Policy”), a copy of which I have received and reviewed. The Policy is intended to promote compliance with state and federal laws, including the Illinois Biometric Information Privacy Act (collectively, the “Laws”).

As an employee of the Facility, I understand that my handprint may be scanned with biometric equipment (the “Equipment”) to obtain an encrypted mathematical representation of it (“Biometric Identifier”) in conjunction with my use of the Facility’s biometric time clock. The data may be stored and used for door entry/access, timekeeping, payroll or similar purposes. For example, if the Facility scans my handprint to create a Biometric Identifier, my handprint will be scanned each time I access the Equipment and will be compared to the Biometric Identifier created by the initial scan. I further understand and specifically consent to the Facility’s use of my Biometric Identifier and disclosure of it to law enforcement in the course of the Facility’s workplace investigations.

I understand that the Facility has undertaken measures to safeguard all personal information connected to the Biometric Identifier so as to minimize the risk of fraud or identity theft, and that I have been informed hereby that the Facility will use a reasonable standard of care in the storage, transmission and protection of the Biometric Identifier as it does in the storage, transmission, and protection other confidential and sensitive employee information.

I understand that the Facility’s use of the Biometric Identifier is limited to lawful purposes, which primarily include controlling access to the Equipment to authorized personnel. I further understand that, in accordance with the applicable Laws, the Facility does not sell, lease, trade or otherwise profit from my Biometric Identifier. In addition, the Facility will not disclose my Biometric Identifier unless: (1) the disclosure completes a financial transaction requested or is authorized by me; (2) the disclosure is required by state or federal law, or municipal ordinance; (3) the disclosure is required pursuant to a valid warrant or subpoena; or (4) I otherwise consent to the disclosure.

I understand that the Biometric Identifier will be stored and used by the Facility during the time of my employment, and for an additional period of time thereafter in accordance with the applicable Laws. I further understand that the Biometric Identifier will be permanently destroyed no later than 3 years following the date of my separation from the Facility or when the initial purpose for collecting or obtaining the Biometric Identifier has been satisfied, whichever occurs first.

I understand that the Facility will take reasonable steps in an effort to ensure that its payroll provider and/or any other vendor who receives or may have access to the Biometric Identifier complies with this Policy.

I acknowledge that the Policy is available to me and the public at any time upon request and on the Facility’s website at: <https://AbbingtionVillage.com>. Additionally, this policy will be posted in a conspicuous location at the Facility.

I consent to submit to the Facility’s collection, use and storage of my Biometric Identifier in accordance with the terms of the Policy.

Printed name: _____

Signature: _____

Date: _____