

<...Company Name Here...>

Employee Consent Form

Effective Date: [Insert Date]

Purpose of Monitoring

[Insert Company Name] implements WorkTime non-invasive employee monitoring to ensure productivity, safeguard company assets, maintain data security, and comply with legal and regulatory obligations. WorkTime focuses on productivity monitoring without intrusive surveillance.

Scope of Monitoring

Monitoring activities may include, but are not limited to:

- Work-related computer activity (software usage, login/logout times, activity levels)
- Internet usage related to work tasks
- General productivity trends (without recording keystrokes, screen captures, or private communications)
- Compliance with company policies regarding work hours and task completion

Methods of Monitoring

The company utilizes WorkTime non-invasive monitoring software, which tracks work-related activity while ensuring no intrusive data collection. Monitoring does not record personal, sensitive, or confidential employee information.

Legal Compliance

This monitoring is conducted in accordance with the Electronic Communications Privacy Act (ECPA) and applicable state laws. [Insert any specific state law references if needed.]

Data Usage and Privacy

Collected data will be used solely for business-related purposes, including performance evaluations, workload balance, and compliance audits. Access to this data is restricted to authorized personnel only, and no personally identifiable private information is stored.

Employee Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this Employee Monitoring Consent Form. I understand that:

- My work-related activities on company-owned devices and networks may be monitored in a non-invasive manner.
- WorkTime monitoring does not involve keystroke logging, screen recording, or intrusive surveillance.
- This consent is a condition of my continued employment.

Employee Information:

Name: _____

Position: _____

Department: _____

Signature: _____

Date: _____

For Company Use:

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____