

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Location: [Insert Country/Office]

Subject: Advisory and Consent for Biometric Data Processing

Dear [Employee Name],

As part of [Company Name]'s global commitment to workplace security and operational efficiency, we are implementing a system for [insert purpose, e.g., time attendance / premises access control] that involves the processing of biometric data.

1. Purpose of Data Collection

The biometric data (specifically [insert type, e.g., fingerprint scan / facial geometry]) will be used solely for the purpose of [insert purpose].

2. Data Storage and Security

Your biometric information will be converted into an encrypted mathematical template. We do not store raw images of your [fingerprint/face]. Data is stored securely in accordance with local data protection laws (including GDPR, CCPA, or local equivalent) and will not be shared with third parties except for authorized service providers assisting in system maintenance.

3. Data Retention

Your biometric data will be retained for the duration of your employment or until the system is no longer required. Upon termination of employment, this data will be permanently deleted from our records within [insert timeframe, e.g., 30 days].

4. Voluntary Participation and Alternatives

Providing consent is voluntary. If you choose not to provide biometric data, you may request an alternative method for [access/attendance], such as a physical ID badge or manual PIN entry, without any negative impact on your employment status.

5. Your Rights

You have the right to access, rectify, or request the deletion of your data at any time by contacting [Insert Department/Contact Email].

Consent Declaration

I, [Employee Name], have read and understood the terms above. I hereby provide my informed consent for [Company Name] to collect and process my biometric data for the purposes stated above.

Signature: _____

Date: _____