

**NOTIFICATION AND RELEASE REGARDING
USE OF BIOMETRIC INFORMATION FOR EMPLOYMENT PURPOSES**

Illinois Heartland Library System, at all times, desires to ensure its employees are fully aware of workplace practices and procedures. As a public employer, IHLS is not covered by the provisions of the Illinois Biometric Information Privacy Act. This Act regulates the collection, storage, use, and retention of “biometric identifiers” such as, a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry and “biometric information” such as any information, regardless of how it is captured, converted, stored or shared, based on an individual’s biometric identifier, used to identify an individual for private employers. IHLS’s collection, utilization, and storage of biometric information is for time-keeping purposes only. It is to ensure that employees are properly paid for time worked, in conjunction with IHLS’s timekeeping platform.

Biometric Information will be permanently destroyed by IHLS upon the **earliest** of the following events:

- (a) The initial purpose for collecting or obtaining such information has been satisfied, such as the end of the employment relationship
- (b) Three (3) years from your date of separation, whichever occurs first.

IHLS will treat all biometric information as highly confidential and sensitive. IHLS will use all reasonable measures to ensure the information is protected to the same or greater extent that IHLS protects other confidential information. IHLS will not sell, lease, trade, or profit from the disclosure of any such information to third parties. Additionally, IHLS will not disclose or distribute any biometric information except as specifically permitted or required by applicable law.

By signing below, you acknowledge having received a copy of the “Illinois Heartland Library System Policy Regarding Biometric Information” (the “Policy”). By signing below, you hereby consent to IHLS’s collection of biometric data described above and hereby release IHLS from any and all claims arising out of or based upon IHLS’s collection and use of biometric data as described herein.

By signing below, you acknowledge that you have read, understand, and agree to the policies and practices set forth within this written Notification and Release and release IHLS from all claims resulting from or associated with the process described herein and in the Policy.

Printed Name

Signature of Applicant or Employee

Date