

EMPLOYEE ELECTRONIC MONITORING NOTICE, ACKNOWLEDGMENT, AND LIMITED CONSENT

Florida (FL) - Standalone Template

Use this form before activating monitoring. Select only functions actually enabled. Attach the employer's full monitoring policy, retention schedule, and any separate privacy notice required by law.

Employer	_____
Employee	_____
Job title / department	_____
Primary work location	_____
Notice effective date	_____ Monitoring start date: _____

1. BUSINESS PURPOSES

cybersecurity and incident response protection of confidential information attendance/timekeeping quality assurance regulatory/recordkeeping obligations productivity/workflow analysis investigation of suspected misconduct other: _____

Monitoring must be reasonably related to a stated business purpose and should be configured to collect the least amount of information reasonably necessary.

2. SYSTEMS, DEVICES, AND ACTIVITIES THAT MAY BE MONITORED

<input type="checkbox"/> Log-in/log-out times; active and idle time	<input type="checkbox"/> Applications, processes, and window titles
<input type="checkbox"/> Websites, URLs, and search activity on work systems	<input type="checkbox"/> Business email, chat, and collaboration metadata/content
<input type="checkbox"/> File access, transfer, cloud storage, USB, and printing	<input type="checkbox"/> Periodic screenshots or live screen viewing
<input type="checkbox"/> Keystroke/input activity (excluding intentional password capture)	<input type="checkbox"/> Network, security, authentication, and device telemetry
<input type="checkbox"/> Audio or call recording - only if separately authorized below	<input type="checkbox"/> Camera/webcam/video - only if separately authorized below
<input type="checkbox"/> GPS/location or vehicle tracking - only if separately authorized	<input type="checkbox"/> Biometric identifier/data - only if separately authorized
<input type="checkbox"/> Work profile on a personal device (BYOD) - only if authorized	<input type="checkbox"/> Automated scoring or decision-support outputs

Covered equipment/accounts: employer-owned devices and networks employer-provided accounts employer-owned vehicles personal device work profile only other: _____

Monitoring schedule: during scheduled work time whenever a covered system is used continuous security logging limited investigation period: _____

3. LIMITS AND EXCLUSIONS

The employer will not intentionally monitor restrooms, changing/locker rooms, or other places where a person has a legally protected expectation of privacy. The employer will not intentionally collect personal passwords, personal financial account credentials, private health information, or content from personal accounts except when access is lawfully required and specifically authorized. Monitoring outside working time or in a residence will be limited to covered work systems and lawful business purposes.

4. DATA USE, ACCESS, RETENTION, AND SECURITY

Authorized users/roles	_____
Retention period	_____
Service provider/vendor	_____
Employment uses	<input type="checkbox"/> security <input type="checkbox"/> coaching <input type="checkbox"/> attendance <input type="checkbox"/> investigation <input type="checkbox"/> discipline/decisions <input type="checkbox"/> other: _____
Questions/requests	Contact: _____ Email/phone: _____

5. FLORIDA LEGAL NOTICE PROFILE

No general state-specific notice statute identified. The sources reviewed did not identify a generally applicable state statute requiring advance notice for ordinary computer/workstation monitoring. Written advance notice and acknowledgment remain the recommended baseline and may support federal consent and privacy defenses.

Florida - EMPLOYEE ACKNOWLEDGMENT AND OPTIONAL CONSENTS

A. ACKNOWLEDGMENT OF NOTICE

I acknowledge that I received this notice before the monitoring start date shown above; that I had an opportunity to review the listed monitoring methods, purposes, device boundaries, uses, retention information, and contact process; and that I understand covered work activity may be monitored to the extent permitted by law. This acknowledgment does not waive any non-waivable right or authorize monitoring prohibited by federal, state, or local law.

I acknowledge receipt of the notice and attached policy. Employee initials: _____

B. AUDIO / CALL RECORDING - COMPLETE ONLY IF ENABLED

State profile: HEIGHTENED / MIXED. All-party consent for private in-person, telephone, and electronic communications.

Audio/call recording is NOT enabled for this employee.

Audio/call recording may be enabled only for the following channels/purposes: _____

I consent to recording of communications in which I participate only after the employer has implemented any notice, recorded announcement, or consent process required for every other participant and every applicable jurisdiction. My signature alone does not authorize recording customers, coworkers, or other third parties without their required consent.

Employee initials for audio module: _____ Employer compliance owner initials: _____

C. CAMERA / VIDEO / REMOTE WORK

Not enabled. Workplace common/security areas only. Employee workstation camera/webcam for stated job duty only: _____. Remote audiovisual monitoring approved for this job duty: _____.

No camera or video monitoring is authorized in bathrooms, changing areas, or other legally protected private spaces. For remote work, camera activation must be visible or otherwise clearly disclosed and limited to the stated work purpose and time.

Employee initials for camera/video module: _____

D. GPS / LOCATION / VEHICLE TRACKING

Not enabled. Employer-owned vehicle/device during work activity. Personal vehicle/device only with specific authorization. Tracking hours: _____. Purpose: _____. Off-duty tracking disabled/limited as follows: _____.

Employee initials for GPS/location module: _____

E. PERSONAL DEVICE / BYOD AUTHORIZATION

No monitoring software will be installed on a personal device. I voluntarily authorize only the following work-profile controls/data: _____. Personal photos, personal messages, personal accounts, and non-work applications are excluded. I may revoke this authorization subject to returning/removing company data and access.

Employee initials for BYOD module: _____

F. BIOMETRIC IDENTIFIER / BIOMETRIC DATA - COMPLETE ONLY IF USED

Type collected	<input type="checkbox"/> fingerprint <input type="checkbox"/> face geometry <input type="checkbox"/> voiceprint <input type="checkbox"/> retina/iris <input type="checkbox"/> other: _____
Specific purpose	_____
Collection/start	_____ Expected term/end: _____
Retention/destruction	_____
Disclosures/vendor	_____

I authorize collection, storage, use, and disclosure of only the biometric data described above for the stated purpose and term, subject to applicable law and the employer's written biometric policy. The employer may not sell or profit from my biometric identifier and must protect and destroy it as required by law.

Employee initials for biometric module: _____

G. SIGNATURES

Employee signature _____	Date _____
Employer representative (certifies configuration and required notices) _____	Date _____