

# Touch ID Fingertip-scan Scan Policy and Acknowledgement



This policy explains how Harbor Freight Tools will collect, use, store, disclose, and permanently destroy fingertip-scan data in stores. Anyone may obtain a copy of this policy from a Manager by request.

As you know, to track hours worked, an encrypted, mathematical representation of your fingertip-scan is stored in and used via the timeclock system administered by Kronos to accurately record your hours worked. Kronos Touch ID technology does not store hard-copy fingertip-scan images. In fact, no images are stored at all with the Kronos system.

We have an agreement with Kronos to provide these Touch ID timeclock systems which use the fingertip-scan data to record your time entries. Kronos Touch ID fingertip-scanning technology uses a unique algorithm, resolution, and capture size to collect and store your encrypted fingertip-scan data. Kronos has also ensured Harbor Freight Tools of their compliance with all applicable laws and this policy.

Within 14 days after the end of your employment, the fingertip-scan data relating to you will be permanently destroyed.

Please know that we will use the reasonable standards of care for storing, transmitting, and protecting your fingertip-scan data from disclosure, in a manner that is at least as good as the methods we use to store, transmit, and protect other confidential and sensitive information. We will not sell, lease, trade, or otherwise profit from your data.

We will not disclose, redisclose, or otherwise share your data unless:

- A. you or your legal representative provide consent;
- B. it completes a financial transaction you or your legal representative requested or authorized;
- C. it is required by state or federal law or municipal ordinance; or
- D. it is required by a valid warrant or subpoena from a court.

Please know that your consent to this policy is voluntary. If you choose not to comply or cannot comply with this policy based upon a valid, written objection to use of the finger-tip scan data due to disability, religious belief or other valid legal reason, we will provide you with an alternative method or a reasonable accommodation.

## **ACKNOWLEDGEMENT & CONSENT/RELEASE**

I read this policy, understand it, consent to it, and release any claims relating to the data. I voluntarily provide my data in accordance with this policy and, consequently, will be able to use that technology to make it easier for me to record my hours of work.

Associate Name (print) \_\_\_\_\_

Associate Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_