

*(Type on your company letterhead)*

Date

**NOTICE OF POTENTIAL WORKPLACE EXPOSURE TO COVID-19**

To: \_\_\_\_\_ [Name of Union]

Subject: XYZ Co., Inc.'s \_\_\_\_\_ jobsite/worksite:

XYZ Co., Inc. ("XYZ") has been notified that an individual infected with COVID-19 was present at the jobsite/facility. Therefore, your members may have been exposed to this virus.

Your members may be entitled to COVID-19 benefits under applicable federal, state, or local laws, including, but not limited to, workers' compensation, COVID-19 related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions. In addition, attached is a copy of XYZ's Policy Against COVID-19 Related Harassment and Discrimination.

Also attached is a copy of the Disinfection Protocols and Safety Plan XYZ intends to implement and complete per the guidelines of the federal Centers for Disease Control ("CDC").

In accordance with California Labor Code Section 6409.6(c), XYZ provides you with the following information:

1. The qualifying individual worked as a [\_\_\_\_\_];
2. The date of the onset of the illness is [\_\_\_\_\_];
3. The qualifying individual is determined to be positive for COVID-19;
4. The qualifying individual has been away from work for \_\_\_\_ days; and
5. The qualifying individual did not die.

Pursuant to California Labor Code Section 6409.6(c), any information left blank is inapplicable or unknown to XYZ.

In addition, there appears to be a conflict between Labor Code Section 6409.6(c) and Cal/OSHA's Emergency Temporary Standards regarding the sharing of personal identifying information about the qualifying individual (i.e., COVID-19 Case) to the union. We did not include the name of the qualifying individual and, if known, prefer (in accordance with California Department of Public Health Guidance) not to provide this information for reasons of medical confidentiality. If you believe you should be provided the name of the COVID-19 Case, please contact us.