

[Company Letter Head]

Union Representative Notice of Possible COVID-19 Exposure

[Via Hand Delivery / Email / Text (notice via text message is allowed but not recommended)]

Name: [Union Representative Name]

Date: [Date]

This notice is being provided to you as a representative of employees who may have been exposed to COVID-19 (also referred to as “Coronavirus”) at one or more of [Company]’s worksites. Recently employees you represent were present at a worksite where an individual who (1) has tested positive for or has been diagnosed with COVID-19, (2) has been ordered to isolate by a public health official or (3) has died due to COVID-19, was present during their infectious period. You should advise these employees to monitor for symptoms of COVID-19. Employees should be advised that if they develop symptoms, they should not report to work in person but instead are expected to notify their [supervisor / foreman / human resources representative] and contact their doctor for guidance. Specific information regarding the qualifying individual, as required by Labor Code section 6409.6(c), is disclosed at the end of this Notice.

We are committed to maintaining a safe workplace for our employees, which includes prohibiting discrimination, harassment and retaliation of any kind in accordance with state and federal laws. As a matter of Company policy, we do not tolerate harassment or retaliation against any worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate, for raising any related concerns, or for raising concerns about workplace safety or employee health. For additional information regarding our company policies, please see [include what applies: your employee handbook / your Human Resources representative / Employment contract / workplace postings].

Cleaning protocols implemented to prevent and slow the spread of COVID-19 are included in our Injury and Illness Prevention Program (IIPP) which is available for your review at your request. In addition to normal cleaning procedures and safety policies, the Company is complying with all disinfection and safety guidelines published by the Centers for Disease Control (CDC). This includes, for example, disinfection of all shared tools and equipment, and frequently touched surfaces including water dispensers, tables, and chairs. Cleaning and disinfection will also be completed of common areas shared within the worksite including bathrooms, vehicles and rest areas [list any additional cleaning or disinfection practices]. The Company will conduct ongoing disinfection of items and workspaces as deemed necessary to comply with the CDC guidelines.

Please be advised that employees may be eligible for COVID-19 related benefits under local, state, and federal laws, including but not limited to:

- Federal Emergency Paid Sick Leave under the federal Families First Coronavirus Response Act.

- Expanded Paid Family & Medical Leave under the federal Families First Coronavirus Response Act.
- California COVID-19 Supplemental Paid Sick Leave for Food Sector Workers.
- California COVID-19 Supplemental Paid Sick Leave.
- Any available Company paid sick leave you might have under California Paid Sick Leave.
- Any available Company provided paid sick leave.
- Leave available under negotiated leave provisions.
- Company Workers' Compensation Benefits.
- The Labor and Workforce Development Agency (LWDA) has a list of available benefits for workers impacted by COVID-19 that may be a useful resource in determining what benefits are available. The list can be accessed by clicking [here](#), or at this address: <https://www.labor.ca.gov/coronavirus2019/#chart>.
- [Employers should update this as we enter 2021 to include other COVID-19 related benefits that apply, including local ordinances, extension of existing benefits that are set to expire December 31, 2020, and enactment of additional benefits.]

In addition to the benefits listed above, there are many State, Federal and Local resources and programs available for emergency financial, housing, food and health care assistance, disability insurance and unemployment insurance. If you or the employees you represent have any concerns about workplace health and safety issues, including questions related to COVID-19 risks, benefits for which they might be eligible, and their protections against discrimination, harassment and retaliation, please contact [human resources representative / supervisor].

Qualifying Individual Disclosure ¹

Notice has been provided to you, as the employee representative, of the presence of a qualifying individual at a worksite where employees you represent were performing work for [Company]. Pursuant to Labor Code Section 6409.6(c), the following information is provided regarding the qualifying individual to the extent it is applicable and known to the Company:

Employee's Name:

Employee's Job Title:

Date of onset of illness:

Location where the illness occurred:

Description of the Illness:

Number of days the employee has been away from work:

Has the employee died as a result of the illness?

¹ Attention: This section contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible.