{LETTERHEAD}

MODEL AB685 NOTICE TO EMPLOYER OF SUBCONTRACTED POTENTIALLY EXPOSED EMPLOYEE

*When an employer receives notice of a potential exposure in a worksite, AB 685 requires that you complete and send this written notice to the employer of any contracted employee potentially exposed at your workplace, in a manner that it will be received within 24 hours. Notice of potential exposure means the employer becomes aware that an employee was present in the workplace and has:*

*a) tested positive (lab confirmed) for COVID-19 or diagnosed as such by a licensed health care provider, or*

*b) been ordered by a public health official to isolate due to a COVID-19 related reason, or*

*c) been determined by public health or in County Statistics to have died due to COVID-19.*

*IF YOU HAVE EMPLOYEES OF OTHERS CONTRACTED TO WORK IN YOUR WORKPLACES SEND THIS NOTICE TO THE EMPLOYER OF ANY WHO IS POTENTIALLY EXPOSED, which means: the contract employee had direct contact (at the same worksite) for more than 15 minutes (in total) in any 24-hour period with the infected/isolated person at the workplace during the period of time dating back to 48 hours prior to them first experiencing symptoms until the end of their “infectious period” as defined by the California Department of Public Health.*

To: {NAME OF COMPANY}

From: {HR MANAGER OR OTHER RESPONSIBLE OFFICIAL}

Date: (DATE}

**Re: Possible Exposure of Contracted Employee to Covid-19**

We are providing this notice pursuant to AB685 to inform you that one or more of your employees may have been exposed to COVID-19 during the course of their work at our workplace. A person who has either tested positive or otherwise been diagnosed with COVID-19 or a person who is subject to a public health isolation order resulting from COVID-19 or a person who has since died of COVID-19 was in one or more of our worksites during the infectious time period. There is reason to believe that your employee(s) may have come into contact with this person resulting in a potential exposure.

The following individuals are believed to have been potentially exposed:

{LIST THE CONTRACTED EMPLOYEES POTENTIALLY EXPOSED}

Testing Recommendation

We urge that you require the listed individuals be immediately tested for COVID-19. They will not be permitted to return or report to our workplace until they have a confirmed negative test result, or until they complete a quarantine period of 14 days from the last possible day of exposure, which was on {INSERT LAST DATE OF POSSIBLE EXPOSURE IN THE WORKPLACE}. If the subcontracted employees have a confirmed positive test, they must not report to our workplace in person until they are cleared by a licensed medical provider or a public health official, or until other return to work criteria set out in our Coronavirus Prevention Plan (CPP) are met.

Disinfection & Safety Plan

We endeavor to employ preventive measures to maintain a safe and healthy workplace for all, including the employees of contracted entities. As a result of this possible exposure, we are implementing our disinfection and safety plan, pursuant to guidelines from the Centers for Disease Control. Our specific protocols for disinfection can be found in our Coronavirus Prevention Plan (CPP), which are available to you upon request.

If you have any questions about this notification, the requirements that must be met before an affected contracted employee may return to our workplace, the disinfection and safety plan, or any other matter related to this correspondence please do not hesitate to contact {HR MANAGER OR DESIGNEE AT (NUMBER)}.

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