SAMPLE

*When an employer receives notice of a potential exposure in a worksite, AB 685 requires that you complete and send this written notice to any other potentially exposed employee, 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.*

*SEND THIS NOTICE TO ANYONE WHO IS POTENTIALLY EXPOSED, which means: any other employee who 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 EMPLOYEE}

From: {HR MANAGER OR OTHER RESPONSIBLE OFFICIAL}

Date: (DATE}

Re: Possible Exposure to COVID-19

This notice is provided to you pursuant to AB685 to make you aware that a person from your worksite has either tested positive or otherwise been diagnosed with COVID-19, is subject to a public health isolation order resulting from COVID-19, or has since died of COVID-19.

You are receiving this notice because the affected individual was in your worksite during the time period they are considered to have been infectious and you are believed to have had sufficient contact to constitute a potential exposure to COVID-19 during this period.

Due to your potential exposure to COVID-19, we {RECOMMEND or REQUIRE (THIS WILL BE BASED OFF YOUR OWN POLICIES IN YOUR COVID PREVENTION PLAN)} you be tested immediately. Please contact {NAME OF HR MANAGER TO CONTACT AT (NUMBER)} as soon as possible so that testing can be arranged. You must not return to work until you have a confirmed negative test result, or in the absence of a confirmed negative test, you complete the requisite quarantine of 14 days from the last possible day of exposure, which was {INSERT LAST DATE OF POSSIBLE EXPOSURE}.

If you have a confirmed positive test, you must not report to work in person until you are cleared by your medical provider or a public health official. If you have a confirmed positive test, are otherwise diagnosed with COVID-19, or become subject to a public health isolation order unrelated to your employment, you are not required to report this medical information to us as your employer. If you do report a positive test or diagnosis to us, we will not disclose your individually identifying information to any other third parties unless required by law and will work with you in an attempt to identify any others you may have come into contact with at work in an effort to further contain the spread of COVID-19 and to protect the health of other employees and the community as much as possible.

SAMPLE

COVID-19-related Benefits & Options

During your absence, you may be able to work remotely with your supervisor’s approval. If you are not approved to work remotely, you may use any accrued leave or any federal, state, or local benefits that you may be eligible for. Additionally, you may be entitled to other COVID-19-related benefits under applicable federal, state, or local laws, including, workers’ compensation and other options for exposed employees, including COVID-19-related leave under the federal Families First Coronavirus Response Act and state AB 1867, employer-provided sick leave, state-mandated leave, and supplemental sick leave.

Disinfection & Safety Plan

We endeavor to maintain a safe and healthy workplace for all. 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).

Retaliation & Discrimination Protections

Our policies and state law prohibit you from being retaliated or discriminated against for reporting a positive COVID-19 test or order to quarantine or isolate. If in the future, you believe you are subjected to any retaliation or discrimination for your protected conduct, or have any related concerns, please inform us immediately.

If you have any questions about this notification or if you wish to discuss your eligibility for certain COVID-19 benefits, the disinfection and safety plan, your right to not be subjected to retaliation or discrimination, or any other matter related to this correspondence please do not hesitate to contact {HR MANAGER OR DESIGNEE AT (NUMBER)}.

SAMPLE

{ADD SIGNATURE BLOCK}