

Employer Template: Notice of Potential Workplace Exposure to COVID-19

Disclaimer: This is a letter template for employers that are required to notify employees of potential exposure under AB 685, which takes effect January 1, 2021. Before that date all employers should use this template and its attachments to create a detailed correspondence. Edit the document as necessary, in addition to reviewing all applicable and bolded sections. Contact an MS&A expert attorney for clarity or if additional questions arise.

Date _____

To the Employees of _____

_____ has been notified that an individual infected with COVID-19 was present at the _____ office/facility/jobsite. Therefore, you may have been exposed to this virus.

You may be entitled to the following COVID-19 benefits under applicable federal, state, and/ or local laws, including, but not limited to, COVID-19 related leave, company sick leave, state-mandated leave, supplemental sick leave, negotiated leave provisions and workers compensation:

Families First Coronavirus Response Act Leave - “(applicable to employers with fewer than 500 employees) OR Supplemental Paid Leave for Non Food Sector Workers / Supplemental Paid Leave for Food Sector Workers (both are applicable to employers with 500 or more employees) is attached as Exhibit A. NOTE to Employers: Insert the notice that is applicable to your workforce. Only one of these notices is to be attached as Exhibit “A”.

Family Medical Leave Act/California Family Rights Act Leave is attached as Exhibit “B”.
[if applicable; FMLA/CFRA currently applies if an employer has 50 or more employees. On January 1, 2021, CFRA will apply to employers with 5 or more.]

Local Government Ordinance Sick Leave is attached as Exhibit “___” laws here. [if applicable. Employers should review local sick leave ordinances in the city/county in which they do business or in which their employees work.]

_____’s California Sick Leave Policy [or _____’s PTO Policy is if the PTO policy encompasses California sick leave requirements] is attached as Exhibit “___”

_____’s PTO Policy or _____’s Vacation Policy [Only include the PTO policy if the company’s PTO policy does not include California sick leave requirements. Use the vacation policy if company policy or practice allows for the use of vacation time off for sick leave purposes].

Leave Pursuant to the Collective Bargaining Agreement is attached as Exhibit “___”. [if applicable]

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Workers' Compensation Benefits. If you believe you contracted a COVID-19-related illness as a result of your employment, you may be entitled to workers' compensation benefits. If it is determined the COVID-19-related illness arose out of and in the course of employment, you may be entitled to compensation including full hospital, surgical, and medical treatment, disability indemnity, and death benefits. To file a workers' compensation claim, please notify your employer that you believe your COVID-19-related illness is work-related and file a DWC 1 Claim Form pursuant to Labor Code Section 5401.

_____’s Policy Against COVID-19 Related Harassment and Discrimination is attached as Exhibit “_____”

_____’s Disinfection Protocols and Safety Plan is attached as Exhibit “_____”

If you have questions about any of the above listed benefits contact

_____ [name]

_____ [position title]

_____ [phone]

_____ [email address]