

Employer Letterhead

Date:

Union District Office and Union Representative

Street Address

City, State, Zip Code

Subj: COVID-19 Notice

Per the requirements of CA AB685, XYZ Company has been notified that an individual has tested positive at our jobsite located at XXXYXXYY, and there is potential that other members of your union may have been exposed to the COVID-19 virus.

If your member became infected with COVID-19, they may be entitled to certain benefits under applicable federal, state, or local laws, including, but not limited to, Workers' Compensation, and options for exposed employees, including, COVID-19 related leave, employer sick leave, or negotiated leave provisions.

Also, attached here are XYZ Company's policy statements on antiretaliation and antidiscrimination protections for employees, along with jobsite disinfection protocols and jobsite safety plan per CDC guidelines.

Lastly, AB685 requires the same information as would be required in an incident report in a Cal/OSHA Form 300 injury and illness log. That information is provided below.

1. Employee Name:
2. Job Title:
3. Date of Onset of Illness:
4. Where Event Occurred:
5. Description of Illness:
6. Days Away From Work:

Please call or write with any questions.

Thank you,

Name, Title, Contact information