

EMPLOYEE NOTICE OF POSSIBLE COVID-19 EXPOSURE

VIA HAND DELIVERY / EMAIL / TEXT (NOTICE VIA TEXT MESSAGE IS ALLOWED BUT NOT RECOMMENDED)

This notice is being provided to you, as required under California law, because you may have been exposed to COVID-19 (also referred to as “Coronavirus”) at one or more of our worksites. Recently you 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. If you experience any symptoms of COVID-19, do not report to work in person, instead you should notify your _____ and contact your doctor for guidance.

title

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 the Company’s 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 you 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. **(Expired on 12/31, Voluntary through 3/31/21)**
- Expanded Paid Family & Medical Leave under the federal Families First Coronavirus Response Act. **(Expired on 12/31, Voluntary through 3/31/21)**
- California COVID-19 Supplemental Paid Sick Leave for Food Sector Workers. **(Expired on 12/31, follow updates for extensions)**
- California COVID-19 Supplemental Paid Sick Leave. **(Expired on 12/31, follow updates for extensions)**
- 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—if you have suffered a COVID-19 related illness due to exposure at your workplace.
- The Labor and Workforce Development Agency (LWDA) has a list of benefits that may be available for workers impacted by COVID-19 that may be a useful resource in determining what benefits you may be eligible to receive. The list can be accessed by clicking here, or at this address: <https://www.labor.ca.gov/coronavirus2019/#chart>.

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 have any concerns about workplace health and safety issues, including questions related to COVID-19 risks, benefits for which you might be eligible, and your protections against discrimination, harassment and retaliation, please contact _____

title and contact information

BY SIGNING BELOW, I acknowledge and confirm that I have received and read and understand this disclosure.

signature

print your full name

date