

Notification of Reduction in Staff Template

You will need to complete the following on the Reduction in Staff Notification template:

- Restaurant Name
- Date that Reduction in Staff notice was given to the employee
- County
- Final paycheck and any required termination paperwork
- Who and where to access healthcare and COBRA options
- Follow up contact name and contact information
- Company representative signature
- Employee signature

Please note: This template DOES NOT constitute the required notice to be given under WARN and Cal-WARN qualified employers. Cal-WARN applies to an employer who has employed 75 or more persons, including part-time employees within the preceding 12 months. If you qualify under the Cal-WARN act, please visit:

<u>https://www.edd.ca.gov/Jobs and Training/Layoff Services WARN.htm</u> for more information on the required steps under the Act.



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informational purposes only. The information is not, and should not be relied upon or regarded as, legal advice. No one should act or refrain from acting on the basis of such content or information, without first consulting with and engaging a qualified, licensed attorney, authorized to practice law in such person's particular jurisdiction, concerning the particular facts and circumstances of the matter at issue.

To: Hourly Team Members	
From:	(RESTAURANT NAME)
Date:	
Subject: Reduction in Staff Notice – Order to O	Close or limit Restaurant operations

As you are likely aware, the recent National and State Declarations of Emergency and the County of orders due the threat of COVID-19 has resulted in guidance about cessation of nonessential activities including that all bars shall close and the closure of all on-site dining.

The threat of COVID-19 has resulted in the business needs and circumstances changing in ways that were not reasonably foreseeable, necessitating rapid changes in workforce needs. While we understand that this has a significant impact on our Team Members and on your families, in accordance with these orders and the COVID-19 state of emergency, we have no choice but to close the and lay off (or furlough or temporarily lay off) employees effective _____.

Pay checks and related paperwork will be available from (INSERT INSTRUCTIONS). We encourage you to seek appropriate help through the state of California's unemployment agencies as well as any other federal relief that may be passed in the coming days. You can find more information at www.edd.ca.gov/unemployment. More information on unemployment insurance (UI) and other resources are available for workers at www.labor.ca.gov/coronavirus2019. The Governor's Executive Order waives the one-week unpaid waiting period, so you may be able to collect UI benefits for the first week you are out of work. If you are eligible, the EDD should process and issue payments within a few weeks of receiving a claim. If you participated in the company health insurance program and want to look into COBRA rights, more information is available from

(STATEMENT AS TO HEALTH INSURANCE AND WHEN IT WILL TERMINATE AND COBRA RIGHTS.)

This is heart-wrenching to us and we hope you realize that our Team Members mean the world to us. At this time, it is unknown when we will be able to continue regular operations, but we will continue to keep you apprised and advised as we assess the situation. Should you have any questions, please contact (INSERT NAME AND TELEPHONE INFORMATION).

We will get through this and hope to work with many of you again in the future.

Kindly,

I acknowledge receipt of this notice.

This template was reviewed and updated in 2020 by Wilson Elser Moskowitz

(Supervisor Name)

(Employee Signature)



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