

APPENDIX C
Employee Notification Letter Template

Template: Letter from Employer to Employees Potentially Exposed to COVID-19

This letter template is to be used on the business's letterhead.

Dear [Employee Name],

[Business Name] has been notified that one of our employees has been diagnosed with COVID-19. We conducted an investigation to determine co-workers who may have had close contact with the confirmed-positive employee. As such, you have been identified as an employee who may have been exposed to this virus between [Exposure Dates]. According to the Centers for Disease Control and Prevention (CDC), the virus is spread mainly between people who are in close contact with one another (less than 6 feet apart for 15 minutes or longer) through respiratory droplets produced when an infected person coughs or sneezes. Please see instructions below regarding work exclusion, sick leave and testing.

Work Exclusion

Until further notice, you are excluded from physically coming to work to help prevent potential spread of the virus. The company's Human Resources representative will provide details of your isolation period and return to work. Telework opportunities will be offered where possible, and we will work with you to make this transition smooth. Contact [contact information] to determine if teleworking is an option for you.

Note: If teleworking is not an option for your business, please outline any other options that may be available to the employee here.

Sick Leave & Pay

Please note if you are unable to telework, or if you become ill, you will be able to use your sick leave [insert link or attachment to relevant worksite policies as applicable].

You may be eligible for state and federal benefits such as paid leave as outlined by the U.S. Department of Labor, Families First Coronavirus Response Act (FFCRA or Act) which requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.. For information on the amount of time off required and the

rate of pay, contact 619-557-5110 or visit: <https://www.dol.gov/agencies/whd/pandemic>. Employees not covered under the FFCRA, may be subject to the State of California Labor Codes. Hiring entities were required to provide COVID-19 Supplemental Paid Sick Leave for food service workers. For more information, www.dir.ca.gov/dlse/COVID19resources/FAQs.html.

During this time if you experience symptoms of respiratory illness (fever, coughing or shortness of breath), please inform human resources at [contact information] and contact your health-care provider. [Business Name] will keep all medical information confidential and will only disclose it on a need-to-know basis, as required by the Americans with Disabilities Act (ADA). Under the ADA, we are required to maintain the confidentiality of any medical information we receive, including the name of any affected employee.

Returning to Work

You may return to work upon receiving clearance in combination with following our work-site health and safety policies [insert link or attachment to relevant work-site policies as applicable].

Testing

Please contact your health-care provider to inquire about testing. If you do not have a health care provider or need to be connected to a testing site please visit the Plumas County Public Health Agency website at <https://www.plumascounty.us/2725/COVID-19-Testing>. If at any point you develop symptoms consistent with COVID-19 (fever, cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell), contact your doctor immediately.

If you have any questions or concerns, you may contact [Employer contact information]. For more information on COVID-19, visit the Plumas County Public Health Agency website at <https://www.plumascounty.us/2669/Novel-Coronavirus-2019-COVID-19>.

Sincerely,

[Employer Name]
[Title]