

COVID-19 Notice to Union

(Type on your company letterhead)

Date

NOTICE OF POTENTI	AL WORKPLACE EXP	OSURE TO C	OVID-19		
To:[Na	ame of Union]				
Subject: [Company N	<mark>lame]</mark> 's	jobsite/wo	rksite:		
	s been notified that a efore, your members			•	present at the
mandated leave, sup	pe entitled to COVID- nited to, workers' cor oplemental sick leave, Policy Against COVID-	mpensation, , or negotiat	COVID-19 relate ed leave provision	d leave, comp ons. In additio	oany sick leave, state n, attached is a copy
Also attached is a co implement and com	py of the Disinfection plete per the guidelin		-	• •	
In accordance with C following informatio		Section 640	9.6(c), <mark>[Company</mark>	<mark>[,] Name]</mark> provi	des you with the
1. The qualifying	g individual worked a	s a [];		
2. The date of the	ne onset of the illness	s is [];		
3. The qualifying	g individual is determ	ined to be p	ositive for COVII	D-19;	
4. The qualifying	g individual has been	away from	work for da	ys; and	
5. The qualifying	g individual did not d	ie.			
Pursuant to Califo unknown to <mark>[Cor</mark>	ornia Labor Code Sec npany Name].	tion 6409.6(c), any informati	on left blank i	is inapplicable or

of

In addition, there appears to be a conflict between Labor Code Section 6409.6(c) and Cal/OSHA's Emergency Temporary Standards regarding the sharing of personal identifying information about the qualifying individual (i.e., COVID-19 Case) to the union. We did not include the name of the qualifying



individual and, if known, prefer (in accordance with California Department of Public Heath Guidance) not to provide this information for reasons of medical confidentiality. If you believe you should be provided the name of the COVID-19 Case, please contact us.