[Insert Date]

**NOTICE OF POTENTIAL COVID-19 EXPOSURE**

**Notice of Potential COVID-19 Exposure**

In accordance with Labor Code section 6409.6, the [department name] (“Department”) is providing this notice of potential exposure to a confirmed case of COVID-19 (“COVID-19 case”). The COVID-19 case was present at [insert worksite address, building, floor(s), and date(s) as applicable] during infectious period.

If you have a fever or are experiencing symptoms related to COVID-19, please stay home and do not physically report to work. Contact [insert contact, i.e., your supervisor/HR/other designated representative] as soon as possible. According to the Centers for Disease Control and Prevention, symptoms of COVID-19 can include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. We also recommend that you contact your healthcare provider and/or be tested for COVID-19, which will be provided to you at no cost.

If you test for COVID-19 and the results are positive**,** you will be required to stay home and isolate in accordance with public health guidelines. If youare considered a close contact, you must also follow applicable public health guidelines for close contacts.

You may contact [identify designated departmental personnel’s name, position, and contact information] for information regarding COVID-19-related benefits to which you may be entitled, and for information regarding the cleaning and disinfection plan that the Department is implementing.

The Department is 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. The department does not tolerate harassment or retaliation against any worker for disclosing a positive COVID-19 test result, diagnosis, exposure, or order to quarantine or isolate, for raising any related concerns, or for raising concerns about workplace safety or employee health. If you feel you have been retaliated or discriminated against, please contact [name, position, and contact information].

If you have any questions about this notice, please contact [name, position, and contact information].