## (Type on your company letterhead)

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To:	[Name of Union]
Subject	t: XYZ Co., Inc.'sjobsite/worksite:
	to., Inc. ("XYZ") has been notified that an individual infected with COVID-19 was at the jobsite/facility. Therefore, your members may have been exposed to this virus.
laws, in sick lead addition	nembers may be entitled to COVID-19 benefits under applicable federal, state, or local including, but not limited to, workers' compensation, COVID-19 related leave, company ave, state-mandated leave, supplemental sick leave, or negotiated leave provisions. In in, attached is a copy of XYZ's Policy Against COVID-19 Related Harassment and inination.
	tached is a copy of the Disinfection Protocols and Safety Plan XYZ intends to implement mplete per the guidelines of the federal Centers for Disease Control ("CDC").
	rdance with California Labor Code Section 6409.6(c), XYZ provides you with the ng information:
2. 3. 4.	The qualifying individual worked as a []; The date of the onset of the illness is []; The qualifying individual is determined to be positive for COVID-19; The qualifying individual has been away from work for days; and The qualifying individual did not die.

Pursuant to California Labor Code Section 6409.6(c), any information left blank is inapplicable or unknown to XYZ.

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.