

*(Type on your company letterhead)*

Date

**TO ALL EMPLOYEES OF XYZ Co., Inc.**

**NOTICE OF POTENTIAL WORKPLACE EXPOSURE TO COVID-19**

XYZ Co., Inc. (“XYZ”) has been notified that an individual infected with COVID-19 was present at the \_\_\_\_\_ jobsite/facility. Therefore, you may have been exposed to this virus. This person was last present at the jobsite on \_\_\_\_\_.

According to the CDC, the COVID-19 virus is thought to spread mainly between people who are in close or “direct” contact with one another through respiratory droplets produced when an infected person coughs or sneezes. Close or direct contact is generally intended to mean within about 6 feet of the subject employee for a period of 15 consecutive minutes or more with the subject individual.

Please understand that you may be entitled to COVID-19 benefits under applicable federal, state, or local laws, including, but not limited to, workers’ compensation, COVID-19 related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions, as well as the protections afforded by XYZ’s Policy Against COVID-19 Related Harassment and Discrimination. A copy is attached as Exhibit “A”.

Also attached is a copy of the Disinfection Protocols and Safety Plan that XYZ plans to implement and complete per the guidelines of the federal Centers for Disease Control (“CDC”).

For more information on COVID-19, including symptoms and treatment, visit the CDC website at [www.cdc.gov](http://www.cdc.gov).