# Notification to Employee Who has been Exposed– Sample Letter

**[insert organization's logo, name and address]**

**[insert date]**  
**[insert employee's name]**  
**[insert employee's physical address (and/or email address if applicable)]**

Dear**[insert employee's name]**:

This letter is to advise you that an employee of **[insert employer's name]**has tested positive for the COVID-19, and that you may have had *close contac*t with this individual. According to the Centers for Disease Control and Prevention (CDC), *close contact*is defined as:

* Being within six feet of someone who has COVID-19 for a total of 15 minutes or more;
* Providing care at home to someone who is sick with COVID-19;
* Having direct physical contact with the person (e.g., hugging or kissing);
* Sharing eating or drinking utensils; or
* Being in such proximity that somehow the individual's respiratory droplets got on you, (e.g., by sneezing or coughing).

We will not disclose the employee's name to protect their health and medical information as well in compliance with privacy laws..

Because you have had close contact with this employee, it is required that you do not come into work until you have met the return to work criteria specified below. You should remain home to quarantine for [**NOTE: Please check with any addition State or local directives for below language and or insert that return to work criteria here-insert one of the following options, as applicable:**

**[Option 1 -** 14 days**]**

**OR**

**[Option 2 -**10 days if you do not get tested or seven days after receiving a negative test result**]]**.

Please monitor yourself for symptoms of COVID-19, including fever (100.4° F or greater), dry cough or shortness of breath. If you begin experiencing symptoms, please contact **[insert appropriate Company contact]** at**[insert contact information (e.g., phone number)]**as soon as possible. If you experience symptoms, you are not to return to work until **NOTE: Please check with any addition State or local directives for below language and or insert that return to work criteria here-**:

* At least 10 days have passed since you began experiencing symptoms**; and**
* At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; **and**
* Other symptoms have improved.

**OPTIONAL- If closing the worksite: [Insert employer's name]** is also taking steps to limit the risk to employee health and safety during these difficult times. Therefore, to mitigate the risk of further spread, we will close the **[insert worksite location]** on**[insert dates location will be closed]**to clean and disinfect the area. Employees who work at **[insert worksite location]** who are able to work remotely are expected to do so while this location is closed. Please consult with **[insert appropriate Company contact (e.g., supervisor, manager, etc.)]** for additional instructions and information.

If the option of telework is unavailable to you during this time, you may use available **[insert as applicable: paid time off (PTO), vacation and/or sick leave] [OPTIONAL: as well as paid sick leave offered under the Families First Coronavirus Response Act if eligible**]. **[Insert additional information regarding available leave or benefit options]** Please contact **[insert appropriate Company contact and contact details]**for further information regarding eligibility and the application process.

During this time, we will continue to closely monitor federal, state and local health developments or guidelines to determine other steps **[insert employer's name]**can take during this pandemic. We also implore employees to comply with CDC and state and local guidance by:

* Maintaining appropriate "social distancing" measures (i.e., keeping a distance of at least six feet from others);
* Avoiding touching of the face;
* Washing hands frequently; and
* Wearing a mask or other face covering.

If you have any questions or concerns, please contact **[insert Human Resources or appropriate contact].**

**[insert closing (e.g., Sincerely, Very truly yours)]**

**[insert handwritten signature (for a mailed letter) and typed signature]**

**[insert sender's title]**

**[insert enclosure line as applicable (e.g., Enclosure or Enclosures)]**

The health and safety of all of our employees remains our utmost priority. Please maintain contact with [**insert appropriate Company contact]** during this time and please let us know if you have any questions. We wish you well and hope for a full and speedy recovery.

**[insert closing (e.g., Sincerely, Very truly yours)]**,

**[insert handwritten signature (for a mailed letter) and typed signature]**

**[insert sender's title]**

**[insert enclosure line as applicable (e.g., Enclosure or Enclosures)]**