

8 CCR § 3205 AND AB 685 NOTIFICATION TO EMPLOYERS OF SUBCONTRACTED EMPLOYEES

Date: _____

NOTIFICATION OF POTENTIAL WORKSITE EXPOSURE TO COVID-19

To: _____
[NAME OF EMPLOYER OF SUBCONTRACTED EMPLOYEES]

The University of California, Santa Barbara has received notice that an individual infected with COVID-19 was present at _____ during the following period: _____. If
[SPECIFIC UC FACILITY/WORKSITE]
[PERIOD WHICH INFECTED INDIVIDUAL WAS POTENTIALLY INFECTIOUS AT UC FACILITY/WORKSITE]

your employees were present at the same worksite during this period, they may have been exposed to the virus.

The University of California, Santa Barbara’s COVID-19-specific protocols and plans to ensure the disinfection and safety of University worksites is available here:

[*COVID-19 Environmental Health Program*](#)

If you have any questions regarding this notification, please contact the University of California, Santa Barbara's Human Resources Department at (805) 893-2854.

NAME OF ISSUING OFFICIAL

TITLE

cc: UCSB Risk Management
Employee and Labor Relations