**EMPLOYER’S NOTICE TO LAW ENFORCEMENT**

**RE: “SHELTER-IN-PLACE” ORDER**

On [insert date], [insert applicable federal, state, or local agency] issued the following “shelter-in-place” order: [insert citation to particular order] (the “Order”). Generally, the Order requires residents to remain in place at their homes except for certain essential activities, essential business and essential government functions.

The Order also provides exemptions for those going to work in an essential business or essential government function, including: [insert as applicable, e.g., Health care operations, including home health workers; Businesses that provide necessities of life for economically disadvantaged individuals and shelter facilities; Pharmacies, health care supply stores and health care facilities; Child care facilities providing services that enable essential employees to go to work; Roles required for any essential business to “maintain basic operations,” which include security, payroll and similar activities].

 **PLEASE TAKE NOTICE**, that the employer (as identified below) has issued this Notice to the employee (as identified below) for presentation to law enforcement based upon its good faith belief that the employee qualifies for one or more enumerated exemptions under the Order applicable to those going to work in an essential business or essential government function. All questions or further inquiries regarding this Notice may be directed to the employer point of contact (as identified below) for immediate clarification or follow-up.

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| **NAME OF EMPLOYER:** |  |
| **EMPLOYER’S ESSENTIAL BUSINESS/GOVERNMENTAL FUNCTION(S):** |  |
| **NAME OF EMPLOYEE:** |  |
| **EMPLOYEE’S ESSENTIAL JOB DUTIES:** |  |
| **EMPLOYER POINT OF CONTACT:** | Name:Title:Phone number:Email address:  |
| **EFFECTIVE DATE:**  |   |
| **EXPIRATION DATE, if any:** |  |

By Employer:

Dated: [insert today’s date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Authorizing signature)

 Name:

 Title: