

CHICO STATE | ENTERPRISES

California SB 1159 Reporting

When an employee tests positive for COVID-19, complete this form the same day you have been notified. The form collects all information required by this legislation. If you have questions, please contact csehr@csuchico.edu.

Supervisor/Manager Name Completing Report: _____

Date Employee Reported Positive Test to Supervisor/Manager: _____

Date Test Occurred: _____

Specific place(s) of employment visited in the 14 days preceding the employee's positive test and the highest number of employees that worked at that location in the 45 day period preceding the employees last date worked at the workplace site.

(Examples: 25 Main, Suite 206 / Chico Farmers Market, 2nd & Wall Street / Use specific physical addresses when applicable)

1. Employment Location and Address:

Highest Number of Employees at that location in the 45 days preceding the employees last date worked at that location: _____

2. Employment Location and Address:

Highest Number of Employees at that location in the 45 days preceding the employees last date worked at that location: _____

3. Employment Location and Address:

Highest Number of Employees at that location in the 45 days preceding the employees last date worked at that location: _____

4. Employment Location and Address:

Highest Number of Employees at that location in the 45 days preceding the employees last date worked at that location: _____

Submit this form to csehr@csuchico.edu.