



Dear **NAME**,

As you well know, the president has declared a national emergency due to COVID-19. The CDC and government are regulating businesses and implementing new laws which have proven to be everchanging. We are unaware at this time how long we will be facing this, but as a company want to ensure the well-being of our employees as well as our patients. With this said, we regret to inform you that your hours are being temporarily reduced effective **DATE**. In order to continue providing service to our patients, we will be reducing staff at all locations and operating at a much smaller capacity, but our goal is to maintain your employment and reinstate your hours as soon as possible. Again, as things are constantly changing, we do not know how long this reduction will be in effect, but we will inform you as soon as we know anything.

Although your hours have been reduced, if you currently utilize the company health benefits, So Cal Dental Partners will continue to pay the employer portion of your health and vision without interruption, however, you will still be responsible for your portion if any. Rest assured that your accrued time off will remain intact and accrue as normal. If the office closure/reduction lasts longer than one pay period and your paycheck does not cover your portion of health insurance, we will invoice you and request a check for your portion of the insurance due if any.

To help supplement some of your income, we suggest filing for unemployment insurance through the state of California. If eligible, you may receive benefits that range from \$40-\$450 per week. Typically, there is a 7-day waiting period, however the EDD is waiving that waiting period for COVID-19. Workers who are temporarily unemployed due to COVID-19 and are expected to return to work with their employer within a few weeks are not required to actively seek work each week. However, you must remain able, available, and ready to work during your unemployment for each week of benefits claimed and meet all other eligibility criteria. To file an unemployment claim, visit [www.edd.ca.gov/unemployment](http://www.edd.ca.gov/unemployment) and please be sure to correctly list your employer:

*So Cal Dental Partners Inc.*

*27 Spectrum Point Drive, Suite 308, Lake Forest, CA 92630*

*Phone: 949-600-7046 Fax: 949-600-9899*

Please understand that the current situation is stressful on us all and we are doing our best to navigate the unknowns. But we are very hopeful that this will be short lived, and will inform you if any changes occur. If you have any questions, please either discuss them with your manager, or call the corporate office (949) 600-7046 and we will do our best to assist you through this difficult time.

Sincerely,

So Cal Dental Partners

So Cal Dental Partners  
27 Spectrum Pointe Drive, Suite 308, Lake Forest, CA 92630  
[karlyw@socaldentalpartners.com](mailto:karlyw@socaldentalpartners.com)  
949-600-7046  
949-600-9899 fax

Please fill out the section below to ensure we have correct information on file in order to be in contact with you, and return to your manager or the corporate office. If anything changes during the time you're out, please be sure to update the corporate office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please sign below acknowledging you have received this letter and temporary change of status.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Manager's Signature

\_\_\_\_\_

Date