

## Model Notice of Deactivation

Network companies are required to provide app-based workers with notice of deactivation 14 days before the date of deactivation and again on the date of deactivation.

**Date of Notice:** \_\_\_\_\_

Companies must issue this notice in any language that the company knows or has reason to know is the worker's primary language. If you need this information translated into another language, please contact \_\_\_\_\_ (email address).

***You are receiving this notice because \_\_\_\_\_ (Company) plans to deactivate or limit access to your account. The deactivation will happen on \_\_\_\_\_ (date).***

Reasons for deactivation (must include portion of Company's policy that was violated and specific incident(s) that violated the policy):

To come to this conclusion \_\_\_\_\_ (Company) considered the following records (must include date, time, and location of all incidents supporting the deactivation decision).

You will be deactivated for \_\_\_\_\_ (length of time).

You can remedy this deactivation by:

Additionally, you have a right to challenge this deactivation under the App-Based Worker Deactivation Rights Ordinance, SMC 8.40. You will have at least until \_\_\_\_\_ (90 days from date of notice) to challenge the deactivation.

If you choose to initiate a challenge as described below \_\_\_\_\_ (Company) has up to 14 days to respond with a decision on the challenge. All records of your challenge and any responses will be provided to you within 14 days of submission or response.

The steps you can take to challenge this deactivation are (must include all available methods of contact for a worker to initiate a challenge):

These steps can also be found here (link or instructions to company's deactivation policy):

I certify under penalty of perjury under the law of Washington State that, to the best of my knowledge, true and accurate copies of the records \_\_\_\_\_ (Company) relied upon to deactivate the worker are [attached to this notice]/[can be downloaded here:

\_\_\_\_\_ (link)]

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Signed on: \_\_\_\_\_ (day, month, year) at \_\_\_\_\_ (city, state)