



COVID-19 Request Form

Revised 08/20/2020

Instructions:

Employees requesting leave related to COVID-19 should complete this form if the leave is requested for one of the reasons listed below. Requests for any other leave should be submitted pursuant to standard procedures. Return this form by email to TotalRewards@wichita.edu.

Do not report to any in-person work location if you have been diagnosed with COVID-19, are exhibiting symptoms of COVID-19, or have been in close contact with a confirmed case of COVID-19. Additional information can be found on the [COVID-19 Resources for Employees & Supervisors](#) website.

Employee Details

Name: _____	myWSU ID: _____
Mailing Address: _____ _____	Email: _____
	Personal Phone: _____
	Alt. Phone: _____
Supervisor: _____	Department: _____
Have you been tested for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of test: _____
Have you been diagnosed with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of diagnosis: _____
Have you contacted public health officials or your medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of agency or provider: _____

Request Details

- Subject to quarantine or isolation order by Federal, State or local order related to COVID-19
- Advised by health care provider to self-quarantine related to COVID-19
- Experiencing COVID-19 symptoms and seeking medical diagnosis
- Caring for an individual subject to a quarantine or self-isolation order related to COVID-19
- Caring for a dependent whose school or place of care is unavailable related to COVID-19
- Request due to voluntary disclosure of vulnerable health status
- Other (specify): _____

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Wichita State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, separation of employment. I understand that I should still follow all department policies, including call-out procedures.

Employee Signature

Date