



# COVID-19 Request Form

Created 03/2020

## Instructions:

Employees requesting a change related to COVID-19 (e.g. leave, alternate work site, etc.) should complete this form only if you are requesting the change due to one of the reasons listed below. Requests for any other reason will follow standard procedures. Return this form by clicking "Submit" below, by email to [TotalRewards@wichita.edu](mailto:TotalRewards@wichita.edu), or by fax to 316-978-3274. A Human Resources Representative will respond **by telephone to the contact listed below** on the same University business day the form is received, or within two (2) University business days during times of high-volume requests.

**Do not report to work if you have been diagnosed with COVID-19, are exhibiting [any symptoms of COVID-19](#), or if you have been in direct contact with an individual with a confirmed case of COVID-19. Please visit [www.wichita.edu/COVID-19](http://www.wichita.edu/COVID-19) for University updates.**

## Employee Details

Name: _____	myWSU ID: _____
Mailing Address: _____ _____	Have you contacted the Sedgwick County Health Department or your local public health official? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	
Home/Cell Phone: _____	Alt. Phone: _____
Supervisor: _____	Department: _____

## Request Details

Quarantined by Sedgwick County Health Department or other public health officials

Confirmed or suspected case of COVID-19 in household  
Employee      Member(s) of household

To care for a family member with a confirmed or suspected case of COVID-19  
Parent      Spouse      Child      Other

Request due to voluntary disclosure of vulnerable health status

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