



COVID-19 Employee Report Form

Revised 08/12/2022

Instructions:

Employees reporting an absence related to COVID-19 should complete this form. 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 tested positive for COVID-19 or are exhibiting symptoms of COVID-19. Instructions provided by WSU Human Resources is based solely on current guidance from the Centers for Disease Control (CDC) and should not be interpreted as medical advice. Employees with concerns about their health or diagnosis should contact Sedgwick County Health Department at 316-660-1022, or their medical provider.

Employee Details

Name: _____	myWSU ID: _____
Email: _____	Personal Phone: _____
Supervisor _____	Department _____

Report Details

I have tested positive for COVID-19
 First date of symptoms: _____
 Specimen collection date: _____

I have symptoms of COVID-19, but have not yet received test results
 First date of symptoms: _____

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 report. 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