



# COVID-19 Request Form

Revised 03/31/2020

## 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 clicking "Submit" below or by email to [TotalRewards@wichita.edu](mailto:TotalRewards@wichita.edu). 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      Yes
_____	Department or your local
	public health official?      No
Email: _____	
Home/Cell Phone: _____	Alt. Phone: _____
Supervisor: _____	Department: _____

## 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 closed or unavailable for reasons 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