



# COVID-19 Leave Request Form

Created 03/2020

### Instructions:

Employees requesting leave related to the coronavirus disease 2019 (COVID-19) should complete this form only if you are requesting leave for one of the reasons listed below. Leave requests for any other reason will follow standard procedures. Return this form by email to [jmount1@wsutech.edu](mailto:jmount1@wsutech.edu). Judy Mount, Executive Director, HR will respond **by email or telephone to the contact listed below** within two (2) college business days.

**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.**

### Employee Details

Name: \_\_\_\_\_ myWSUTech ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Have you contacted the Sedgwick County Health Department or your local public health official?  Yes  No

Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### Leave 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
- Leave request due to voluntary disclosure of vulnerable health status

Estimated 1st Day of Leave: \_\_\_\_\_

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize WSU Tech to obtain and verify any necessary information regarding my request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date