



COVID-19 Leave Request Form

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. 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: _____ My WSU Tech ID: _____
Email: _____ Phone: _____
Mailing Address: _____ Supervisor: _____
Street: _____
City: _____
State: _____
Zip Code: _____

Have you contacted the Sedgwick County Health Department or your local health official? YES NO

Leave Request Details

I am quarantined or isolated subject to federal, state, or local quarantine/isolation order.

I was advised by a health care provider to self-quarantine due to concerns related to COVID-19

I am experiencing symptoms of COVID-19 and seeking medical diagnosis

Caring for a family member who is quarantined or isolated subject to order.

Parent Spouse Child Other

Caring for a child whose school or place of care is closed due to COVID-19

I am requesting leave due to voluntary disclosure of vulnerable health status.

Estimate 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: _____

By checking this box and typing my name above, I understand that I am electronically signing my request. I also agree that my electronic signature is the legal equivalent of my manual signature on this form.