



COVID-19 Employee Report Form

Revised 01/08/2021

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 been diagnosed with COVID-19, are exhibiting symptoms of COVID-19, or have been in close contact with a confirmed case of COVID-19. Instructions provided by WSU Human Resources is based solely on current guidance from Kansas Department of Health and Environment 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 of choice.

Employee Details

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

Report Details

- I have tested positive for COVID-19
 First date of symptoms: _____
 Date of test specimen collection: _____
- I have symptoms of COVID-19, but have not yet received test results
 First date of symptoms: _____
- I have been in close contact with a known positive case of COVID-19 outside my household
 Most recent date of close contact: _____
- A member of my household has tested positive for COVID-19
 Are you able to isolate away from the infected individual within the home?
 Yes No
- 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 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