



INTEGRIS Caregiver Reduction in Hours Form

This form is to certify that the caregiver listed below has had their normal work hours reduced below thirty (30) hours per week due to COVID-19:

Caregiver ID Number: 8000

Caregiver Name:	Department
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Have your hours been reduced? Yes No

If yes, effective date: _____

Number of hours currently working: _____

Supervisor Name: _____

Supervisor email: _____

Supervisor contact number: _____

Supervisor Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Please return completed form to:

Submit completed form to INTEGRIS fax at 405.979.8343 or by mailing to 3520 NW 58th St., Ste. A-100, Oklahoma City, OK 73112.

You may also email this form to BenefitForms@integrisok.com

(Form must be returned by deadline. New hire – enrollment deadline, Life Event – 30 days from date of life event, Open Enrollment – last day of open enrollment)