



HELPING HANDS

Request for Assistance Form

Employee Name: _____

Position: _____

Amount of requested funds, *earned time and/or volunteer assistance* _____

Brief statement of what the funds will be used for:

Best way to contact you to set up a time to meet with Chanel Adu, Committee Chair:

Phone: _____ Email: _____

Please return completed form to Chanel Adu, HR Director.
Contact: 978-552-4194 or cadu@homehealthfoundation.org

#1564 - Attachment #3 REV10/18