



HALO NETWORK INC.
CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING
221 Broadway Suite 206 Amityville, NY 11701

Employee Time-Off Request Form

EMPLOYEE: *This form should be completed and signed by the participant and/or family and returned to Halo Network at least 7 days before the requested time-off date.*

Employee Name: _____ Participant _____

I request the following days and/or time off:

Days of the Week	Date(s)	Paid Time Off	Time from	Time to

Employee Signature: _____ Date: _____

Explanation / Comments:

Request Approved: YES NO

Family Signature: _____ Date: _____

FI Signature: _____ Date: _____