



## EMPLOYEE REFERRAL FORM

I am requesting approval for an Employee Referral Bonus:

Eligible Employee Name: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

Referred Employee Name: \_\_\_\_\_

Referred Employee Date of Hire: \_\_\_\_\_

Referred Employee Qualified Position (check one):       RSD    DPW    Maintenance

**Amount of Bonus:**

\$1,000 (in two separate increments in accordance with the Employee Referral Policy)

I \_\_\_\_\_ **have read and understand the Employee Referral Policy.**

\_\_\_\_\_  
**Eligible Employee Signature**

\_\_\_\_\_  
**Date**

**Human Resources Approval:**

Date Received: \_\_\_\_\_

Confirmed / Approved       Denied. Reason Denied: \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Signature**

\_\_\_\_\_  
**Date**

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Date of first payment: \_\_\_\_\_ (6 months from date of hire)

Confirmed      Notified Payroll On: \_\_\_\_\_

Date of second payment: \_\_\_\_\_ (12 months from date of hire)

Confirmed      Notified Payroll On: \_\_\_\_\_