



Employee Referral Bonus Form

Date: ___/___/___ Name: _____ Employee #: _____

Office Location: _____ Level: _____

Senior Managers and above are excluded from program

Candidate Name: _____

Position Applied For: _____

Relationship to Candidate: _____

Resume: Yes ___ If yes, please attach the resume to this form.

 No ___ If no, please indicate when the resume will be forwarded.

Additional Information: _____

*(After completing the top portion, please submit the form to the **Director of Recruiting**)*

For Internal Use Only

Date Form Received: ___/___/___ Resume Previously Submitted: No ___ Yes ___ Date: ___/___/___

Interview Yes ___ No ___ Comments _____

Hired: Yes ___ No ___ If yes, date of hire: ___/___/___

P/R date submitted, initial 50% after 90 days: _____

P/R date submitted, second half after 1 year from date of hire: _____

Signature (*Director of Recruiting*): _____

Date: ___/___/___