

EMPLOYEE REFERRAL FORM

(To be completed and submitted to payroll for payment of hiring incentive)

Today's Date: _____

New Employee: _____ Emp # _____
(Please Print)

Date Hired: _____

Date 90 Day Eval. Completed: _____ 50% payout \$ _____

Date Annual Eval. Completed: _____ 50% payout \$ _____

Referring Employee: _____ Emp # _____
(Please Print)

REFERRAL BONUS (based on new employee's average hours worked)

Please check appropriate amount:

- | | | |
|-----------------------------|----------|--------------------------|
| Less than 10 hours per week | \$100.00 | <input type="checkbox"/> |
| 10-23 hours per week | \$150.00 | <input type="checkbox"/> |
| 24-32 hours per week | \$250.00 | <input type="checkbox"/> |
| 33-40 hours per week | \$300.00 | <input type="checkbox"/> |

New Employee _____ Date _____ Separate check

Referring Employee _____ Date _____ Separate check

New Employee's Supervisor _____ Date _____
(who completed evaluation)

Department Head _____ Date _____

Administrator _____ Date _____

For HR use only:

Was referring employee's name indicated on new employee application? Yes No
Date first referral paid: _____ Date second referral paid: _____