STAFF REFERRAL PROGRAM

# Referral Guidelines

1. **To refer a potential employee, please complete this form and return it, along with a copy of the prospective candidate’s resume to the HR department. THIS FORM MUST BE RECEIVED PRIOR TO THE CANDIDATE STARTING**
2. **You are eligible for a referral award if you have been employed beyond your orientation period (90 days).**
3. **If the candidate you refer is hired, you will receive a referral award after the new employee has worked for Center for Family Services for at least 90 days.**
4. **Employees involved in the hiring decision for a particular position are not eligible. You do not qualify if the person you refer is within your chain of authority.**
5. **Only one referral award can be given per candidate. If a candidate is referred by more than one employee, the first referral received will be the one rewarded if the candidate is hired.**
6. **Only your referral for an external candidate qualifies for this award.**
7. **Awards are paid with your regular, bi-weekly pay.**

**REFERRAL AWARDS - $300**

# Employee Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: | | Employee Name | Date: | Date |
| Employee ID: | | Employee ID | Dept/Program: | Department |
| Email: | Email | | Telephone: | Telephone |

# Referral Information

|  |  |  |
| --- | --- | --- |
| Candidate Name: | | Candidate Name |
| Email: | | Email |
| Telephone: | Telephone | |
| Position Referred For: | Position | |

|  |
| --- |
| Why do you believe this candidate is qualified for this position: |
|  |

# For Human Resources Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: | Date | Date of Hire: | Date |
| Award Date: | Date | G/L #: | # |
| HR Approval | Signature | Finance Approval: | Signature |