

The House of the Good Shepherd
Employee Referral Bonus Form

Employee Name _____
Program _____
Position _____

I have referred the following individual for employment at The House of the Good Shepherd.

The above named individual's relationship to me is _____.

Signature

Date

Referred Candidate's Name _____
Position Applied For _____

I certify that the following employee referred me to The House of the Good Shepherd.

The above named individual's relationship to me is _____

Signature

Date

.....
To be completed by the Human Resources Department.

Referral form receipt date: _____ Date of application: _____

The referred candidate named above was _____ hired _____ not hired. F/T ___ P/T ___

If not hired, the reason for the decision not to hire was _____

If hired, he/she began work as a _____ at _____ on _____.

F/T ___ P/T ___ (position) (program) (hire date)

Date of payment: _____ Payment Amount _____

Signature authorizing payment: _____ Date _____

Date received by payroll: _____ Bonus Paid On: _____ By: _____

If payment was not authorized, the reason for the denial is _____.