



Employee Referral Form

Referral Guidelines

1. To refer a potential employee, please complete this form and return it to the Administrator.
2. You are eligible for a referral award only when you refer employees and patients.
3. If the candidate you refer is hired, you will receive a referral award of \$100 after the new employee has attended orientation.
4. If the patient you referred begins services you will receive a referral award based on the amount of hours. **Referral award will be approved by Management after the patient receives at least one week of services.**

Your Information

Employee Name: _____ Date: _____

Department: _____

Patient Name: _____

Employee Name _____

For Human Resources Use Only

Date Received: _____ Award Date _____

Patient

Patient SOC: _____ Award Amount: _____

Patient Hours: _____ Date Paid: _____

Employee:

Orientation: _____ Award Amount: _____

Date Paid: _____

Approved for payment by:
