

EHS Employee Referral Form

Referring Employee Information:

Today's Date: _____ Employee Name: _____

Employee Number: _____ Employee's Department: _____

Employee Work Number: _____ Employee Home Number: _____

Name of referred candidate: _____

Referred Employee Information:

Date Candidate Hired: _____ Bonus Total: _____

Department Hired For: _____ Position Hired For: _____

Date of 3 month completion: _____ Date of 6 month completion: _____

HR Rep Signature: _____ Date: _____

EHS employees are eligible to take part in the Employee Referral program with the exception of the following:

- Employees on (any type of) probationary or warning status
- Senior Management and Physicians
- Employees of the Human Resources Department (HR)

Please refer to the Employee Referral Program policy for all information and regulations regarding employee referral bonuses.