

Referral Bonus Payment Authorization Form

Please complete all sections of this form to authorize the processing and payment of a referral bonus. Once completed and signed, submit this form to the HR / Payroll Department.

1. Referring Employee Information (Beneficiary)

Full Name:

Employee ID:

Department:

Job Title:

Email Address:

2. Referred Candidate Information

Candidate Full Name:

Position Hired For:

Date of Hire:

Current Employment Status of Candidate:

3. Referral Bonus & Payment Details

Bonus Amount (\$):

Payment Terms:

Target Pay Period Date:

General Ledger (GL) Account Code:

4. Authorization & Signatures

By signing below, the Manager and HR Department authorize the payroll system to release the referral bonus payment as specified above.

Manager Authorization

Manager Name (Printed):

Manager Signature:

Date:

Human Resources Approval

HR Representative Name:

HR Signature:

Date: