

Employee Referral Policy Sign-off Form

Please review the Employee Referral Policy document. Once you have read and fully understood the guidelines, eligibility criteria, and bonus structures, please complete this acknowledgement form. This completed form must be signed and returned to the Human Resources department for physical filing.

Employee Details

Employee Full Name:

Employee Identification Number:

Department / Team:

Job Title:

Policy Acknowledgement Statements

Please read and verify the following statements before signing:

- I acknowledge that I have received, read, and understood the company's Employee Referral Policy.
- I agree to adhere to the terms, conditions, and referral submission procedures detailed in the policy.
- I understand that only referrals submitted through the official process prior to the candidate's application are eligible for bonuses.
- I understand that the referral bonus is subject to the candidate successfully completing their initial employment period as defined by the policy.
- I recognize that the company reserves the right to modify, amend, or terminate this policy at any time.

Signatures

By printing your name in the fields below, you acknowledge agreement to the terms of the Employee Referral Policy.

Employee Signature (Print Name):

Date Signed (MM/DD/YYYY):

For HR Department Use Only:

Received By (HR Representative Name):

HR Representative Signature (Print Name):

Date Received (MM/DD/YYYY):