

Employee Referral Program Agreement Form

Please complete this form to formalize your referral under the Company Employee Referral Program. Both the referring employee and the candidate must meet all eligibility requirements outlined in the program policy to qualify for the referral bonus.

1. Referring Employee Information

Full Name:

Employee ID:

Department:

Job Title:

Email Address:

2. Referred Candidate Information

Candidate Full Name:

Referred Position:

Candidate Email:

Candidate Phone Number:

Relationship to Referrer:

3. Terms and Conditions

By signing this agreement, the referring employee acknowledges and agrees to the following terms:

- The referred candidate must not be a current employee, contractor, or former employee of the company within the last 12 months.
- The referral is valid for 12 months from the date of submission.
- To receive the referral bonus, both the referring employee and the hired candidate must be actively employed with the company at the time of the scheduled bonus payout.
- The bonus payout is subject to taxes and will be processed according to the standard payroll schedule after the candidate completes their introductory period.

4. Signatures

I certify that I have read, understood, and agree to the Employee Referral Program guidelines and the terms listed above.

Employee Signature: **Date (MM/DD/YYYY):**

HR Representative Signature: **Date (MM/DD/YYYY):**