

# Referral Reward Approval and Sign-off Sheet

This document serves as the official record and approval for the payout of referral rewards. Please complete all fields below and obtain the required signatures for processing.

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## 1. Referrer Information (Employee)

Referrer Full Name:   
Employee ID:   
Department:   
Email Address:

## 2. Referee Information (Candidate Hired)

Candidate Full Name:   
Position Hired For:   
Hire Date:   
Probation Completion Date:

## 3. Reward Details

Reward Amount (\$):   
Payout Milestones (e.g., Immediate, 3-Month, 6-Month):   
Cost Center / Budget Code:

## 4. Approval & Sign-offs

By signing below, the authorized parties confirm that the referral eligibility requirements have been met and the reward is approved for processing.

**Hiring Manager Name:**   
**Hiring Manager Signature:**  **Date:**   
**Human Resources Name:**   
**Human Resources Signature:**  **Date:**   
**Finance / Payroll Name:**   
**Finance / Payroll Signature:**  **Date:**

## 5. Processing Notes

Comments / Special Instructions: