

Employee Referral Bonus Claim Form

Please complete this form to claim your referral bonus. Once filled out, print this form and submit it to the Human Resources department for processing.

1. Referrer (Current Employee) Information

Employee Full Name:

Employee ID:

Department / Team:

Email Address:

Phone Number:

2. Referred Candidate Information

Referred Candidate Full Name:

Position Hired Into:

Candidate Hire Date (MM/DD/YYYY):

Relationship to Referrer:

3. Bonus Claim Details

Eligibility Milestone Achieved (e.g., Immediate, 90-Day, 180-Day):

Claimed Bonus Amount (\$):

4. Signatures and Authorization

By signing below, the employee confirms that the referred candidate was not actively in the recruitment process prior to the referral date, and that all referral policy conditions have been met.

Employee Signature:

Date (MM/DD/YYYY):

For HR and Payroll Use Only

HR Approver Name:

HR Signature:

Date Approved (MM/DD/YYYY):

Payroll Processing Status: