



NEW EMPLOYEE REFERRAL

SUBMIT COMPLETED FORM TO HR*

My Name: _____

My Department: _____

My Direct Supervisor: _____

New Employee you Referred: _____

Position they applied for: _____

\$100 paid 90 days from date of hire. \$300 paid 12 months from date of hire.

**Please complete this form as soon as possible to ensure we track your referral effectively. We will make every effort to pay out your referral bonus in a timely manner. If you have any questions please contact Therese at X2201 or tosborne@kchni.org*

Thank you.

For Internal Use Only

Date Hired: _____

Position Hired for: _____

Application date: _____

Referral verified by (initials): _____