



BHG EMPLOYEE REFERRAL PROGRAM

Section 1: Referring Employee Information		To Be Completed by Employee
Date of Referral	Employee Name and Phone Number	
Employee Work Location	Employee Job Title	
Referred Applicant Name	Position Referred For	
Work Location of Referral Job		

Section 2: Manager Reward Validation		To Be Completed by Employee's Manager
Job Title	Work Location	Manager's Name
Referred Employee 1st Day of Employment / /	Name of Candidate Hired	
<p>I Certify that _____ (employee name) made this referral and that the referred applicant was hired to begin work on the date shown above and that he/she has also met the following milestones.</p> <p>• 1st milestone for a referral award as of / / Manager Signature _____</p> <p>• 2nd milestone for a referral award as of / / Manager Signature _____</p>		

Section 3: HR Director Approval		To Be Completed by HR Director
HR Director approval 1st Payment / /	HR Director Signature _____	
HR Director approval 2nd Payment / /	HR Director Signature _____	