

# Employee Referral Bonus Program



## EMPLOYEE REFERRAL BONUS PROGRAM “HIRE THE BEST, FROM THE BEST”

We take great pride in our employees and know that it can be difficult to find compassionate, dedicated workers when trying to fill open positions. As we are always looking for great people to work in our homes and care for our residents, you now have the opportunity to be part of that process. If you know someone that would be a great addition to our organization, just refer them to the Supervisor!

### Rules for Receiving the Bonus:

- Referral Bonus Payment Schedule:
  - \$ 50.00 - 30 days after referred employee starts working
  - \$ 50.00 - 90 days after referred employee starts working
  - \$100.00 - 6 months after referred employee starts working
- Any current employee, except direct supervisors of the referred employee, is eligible for this program.
- Referred employee must be considered satisfactory or above regarding work performance.
- Both the referring employee and the employee referred must be considered an active (regularly scheduled) employee.
- If either the new employee or the referring employee resigns or is discharged on or before the bonus is due to be paid out, the respective bonus will be forfeited.
- All bonuses will be paid within 30 days at your location or staff meeting in the form of a gift card.
- Referring employees must inform the Supervisor that they are referring an applicant **prior** to the hire of that applicant.
- Fax this completed form to the main office (208-475-1810) within 5 business days of the new employee's start date.
- This bonus program is for the referral of new employees only. (No-rehires)

**NOTE:** Any form not received within the 5 days of the new employee's start date will not be considered for a bonus, so please fax this form as soon as the person is hired!

**(program and rules are subject to change at any time and without notice)**

Today's Date: \_\_\_\_\_ Location of New Employee: \_\_\_\_\_

New Employee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* REMAINDER OF FORM TO BE FILLED OUT BY MAIN OFFICE \*\*\*\*\*

Start Date of Referred Employee \_\_\_\_\_

Dates of bonus to be paid: 30 days \_\_\_\_\_ 90 days \_\_\_\_\_ 6 months \_\_\_\_\_