

**Candidate Referral Form**

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| Referring Employee’s Name: | Referring Employee’s LU ID: |
| Referral Date: | |
| Candidate’s Name: | |
| Candidate Appling For: *(check one)*  Campus Safety Officer  Custodian | |

I understand that by signing below there is no guarantee that my referral will be hired. I understand that this referral form must be received by the Human Resources Department prior to the date of my referred candidate being contacted for an interview in order to be eligible for the referral bonus. I understand that if more than one person refers my candidate, the referral bonus will be split equally between the referring associates.

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| Employee’s Signature: | Date: |

*For HR & Payroll Office Use*

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| Referring EE Name: | Referring EE LU ID: |
| New Hire Name: | New Hire LU ID: |
| Date of Hire: | |
| 1 Month Date: | 1 Month Payroll to be Paid: |
| 3 Month Date: | 3 Month Payroll to be Paid: |
| Paperwork Distribution:  Payroll Copy  Referring Employee File  New Employee File | |
| *Referral Bonus to be charged to 100001 – HR – Advertising – HR Staff Recruiting* | |