



Employee Referral Program Form

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- **CANDIDATE INFORMATION:**

CANDIDATE NAME:

POSITION HIRED IN:

REPORTING TO:

DATE OF HIRE:

COMMENTS:

SUBMITTED BY:

NAME OF REFEREE:

POSITION:

LOCATION:

DATE SUBMITTED:

Please complete and forward to payroll@shawgroup.com

For Office Use Only:

Eligible for Payment:

Yes No

Paid Yes No

Amount:

\$100 After 1 month of employment:

Date Paid:

Pay Period:

\$100 After 3 months of employment:

Date Paid:

Pay Period:

\$300 After 6 months of employment:

Date Paid:

Pay period:

Authorized by:

HR Confirmation: