**EMPLOYEE REFERRAL BONUS APPLICATION FORM**

Date:

**REFERRING EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_ Department:

Employee Code: Department Head:

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRED CANDIDATE INFORMATIOIN:**

Name: \_\_\_

Title of Vacant Position:

Department: \_\_\_\_

The referring employee should attach referred **Candidate’s Resume** to this completed form and submit in to **HR.**

**FOR STAFF SERIVCES USE ONLY--- DO NOT WRITE BELOW**

Date of Preferred Candidate Hire: \_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_ Position Title:

What Bonus amount is applicable: \_\_\_\_\_\_\_Rs.\_\_(includes applicable taxes)

Pay period effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_