



## REFERRAL INCENTIVE FORM

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Relationship to Candidate (friend, family member, or other, please specify):  
\_\_\_\_\_

### REFERRAL INFORMATION

Candidate Name: \_\_\_\_\_

Candidate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Position Referred For \_\_\_\_\_

I have read and understand Manatt's Referral Program. I understand that if the candidate I refer is hired as a result of my referral, I will receive a referral incentive of \$450 after the referred candidate completes 750 hours of successful employment with Manatt's.

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

### SUBMIT THIS FORM TO

Human Resources Office; Email [dianek@manatts.com](mailto:dianek@manatts.com); Fax: 641-522-5090

### OFFICE USE ONLY

Referred candidate's hire date: \_\_\_\_\_ Referred candidate's employee number: \_\_\_\_\_

Date referral incentive awarded: \_\_\_\_\_