



**EMPLOYEE REFERRAL REIMBURSEMENT FORM**

Employee Referred:\_\_\_\_\_

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

Hire Date of Referred Employee:\_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Employee to Pay:\_\_\_\_\_

ITN:\_\_\_\_\_ Pay Date:\_\_\_\_\_ Amount:\_\_\_\_\_ **\$500**

Human Resources Authorization:\_\_\_\_\_

Date Submitted to Payroll:\_\_\_\_\_

Payroll Authorization:\_\_\_\_\_

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