EMPLOYEE REFERRAL REWARD PROGRAM FORM

Candidate's Name:_____ Referral Date:_____

Position Title:_____

Referring Employee's Name:_____

I have read and understand CCC's Referral Program Rules.

Referring Employee's Signature: _____ Date: _____

Send this form and the candidate's resume to Human Resources.

INTERNAL USE ONLY:
To: Payroll
From: Human Resources
Charge To: ___
Referred Candidate's Hire Date: _____
Target Date for Reward Payment: _____