



Request for Employee Referral Incentive

To be completed by Referring Employee

Referring Employee's Information

Name _____ Date Submitted _____
 Department _____ Employee No _____

Who did you refer?

Name _____ Hire Date _____
 Department _____ Division _____

TO: Human Resources Department
RE: Employee Referral Incentive Program

I have referred this individual to an open position and understand the following eligibility criteria for referral payment:

- My name must be listed on the application under *Ques 24: Referral from a City of Largo employee.*
- The individual can not be on file from another source (eg Recruitment firm, job fair, rehire, etc.)
- The individual can not be a spouse or dependent.

For referral payment approval, I understand the requirements, process and time frames listed below:

- Request form must be submitted within 30 days of the referred individual's hire date for an initial payment of \$100.
- Another request form must be submitted within 30 days of the referred employee's one year anniversary date to receive an additional payment of \$200.
- Both the referred employee and I must be actively employed by the City of Largo with no lapse in employment.
- Forms must be sent to Human Resources Department.

I also understand these cash payments are taxable income and will be included in a paycheck after the form is processed and listed separately under a description code on my Payroll Notice of Deposit.

Note: *This request is not approved until verified and signed by Human Resources*

Request for 1st payment of \$100
 Request for 2nd payment of \$200

Employee Signature **Date**

Employee Printed Name

Human Resources Use Only	Payroll Use Only
Date Received _____	
Confirmation of Referred Employees Information	
Hire Date _____	Payment Amount _____
Anniversary Date _____	Included in check dated _____
_____ Approved by	_____ Processed by
_____ Date	_____ Date