



\$1,000 Referral Program Nursing – Respiratory Therapy - Pathology

Positions Include:

<u>Nursing</u>	<u>Pathology</u>	<u>Respiratory Therapy</u>
Flight Nurse Specialists	Cytotechnologists	Respiratory Therapists: <i>(Minimum 1 year experience required)</i>
RN – Clinical Nurse: <i>(Minimum 1 year experience required)</i>	Histology Technologists	
	Laboratory Technologists	

Submission Requirements:

Referred Applicant: Must complete an employment application online through MetroHealth.org/careers and list the referring employee as the “Referral Source”

Referring Employee: Must complete and submit the Referral Bonus Form to HR by clicking the “Submit to HR” link on the form.

- ☆ The referral bonus form must be submitted and accepted by HR no later than 30 days from the start date of the newly hired employee. If the form is not submitted or accepted by HR within the 30 days, the employee’s referral eligibility is forfeited.

Program Guidelines:

- If an applicant is referred by more than one employee, the date on each referral bonus form will be used to determine who receives the bonus payment.
- There are no limits regarding the number of qualified applicants you may refer.
- Applicant information obtained during the hiring process is confidential and will not be shared with referring employees.
- The referral bonus program does not guarantee the referred applicant will be hired.
- All employees of The MetroHealth System are eligible to refer applicants under the bonus program except the following:
 - ✗ All Human Resources Personnel
 - ✗ Senior Leaders – Managers and above
 - ✗ Employees involved in the shadowing experience of a prospective new hire and/or clinical rotation of a student
- Applicants not eligible to be referred:
 - ✗ Rehires
 - ✗ Retirees
 - ✗ Current or previous contractor

\$1,000 Payout Guidelines:

- 50% of the bonus payment is issued in the pay period following the completion of the referred employees probationary period.
- The remaining 50% is issued at the referred employees one (1) year employment anniversary date.
- Both the referred and referring employees must be employed with The MetroHealth System at the time of each bonus payout.

Revised 7/24/2020



Referral Bonus Form

Employee Name _____

Employee ID Number _____

Employee Telephone Number _____

Name of Applicant Being Referred _____

Position Title for Applicant _____

I understand the following conditions apply to this program:

- Hire of an applicant is subject to the usual and customary employment criteria of the MetroHealth System, including but not limited to background/reference checks and pre-employment screening.
- I must be employed by The MetroHealth System when the bonus award is due to receive payment.
- Referred employee must successfully complete their probationary period.
- Referred employee must complete an employment application online through MetroHealth.org/careers and list the referring employee as the "Referral Source"
- I have read and understand the requirements of this program outlined on page 1 of this referral form

Employee Signature Date

For HR Office Use Only

Hire Date of Referred Employee _____

Referred ID # _____

Pay Period # _____

Process Level/Cost Center _____

TA Team Member: _____

Approved By: _____