

EMPLOYEE REFERRAL AWARD

I. REFERRING EMPLOYEE INFORMATION

Employee Name (*First, Last*) _____ Bureau _____

Date _____ Job Title _____

Phone Number _____ E-Mail address _____

II. REFERRAL INFORMATION

Referred Candidate's Name _____
First Middle Last

Phone Number _____ Date of Referral _____

Job Title of Position Candidate Referred For _____

Announcement Number of Referral Position _____ Announcement Closing Date _____

I certify that the above individual referred me for a position at the Department of Commerce and that I am not a relative of the referring employee.

Candidate's Signature Date

Both Sections I and II must be completed prior to the closing date of the Vacancy Announcement.

III. HIRING MANAGER INFORMATION

I certify that _____ entered on duty on _____
Print Full Name of New Employee mm/dd/yy

I certify that the employee listed in Section I above made this referral and it has resulted in the employment of the referred candidate. I certify that the candidate has been employed for a 120 day period. I recommend an Employee Referral Award for \$ _____

Print Full Name (First, Last) of Referring Employee

New Employee Supervisor's Signature New Employee Supervisor's Printed Name and Title Date

Please submit a completed CD-326, Recommendation for Recognition, along with this form to the referring employee's Servicing Human Resources Office.

IV. SERVICING HUMAN RESOURCES OFFICE

EOD Date _____ Position Title of New Hire _____

Date verified _____

Printed Name and Signature of Human Resources Official