



MICHIGAN REHAB SERVICES PROVIDER, INC
Employee Referral Form for Physical, Occupational and Speech Therapists

Referral Guidelines

1. To refer a potential employee, please complete this form and return it, along with a copy of the prospective candidate's resume, application, or both to MRSP.
2. You are eligible for a referral award only when you refer external candidates.
3. If the candidate you refer is hired, you will receive a referral award based on the following:

NO# OF HRS	NO# OF DAYS	AMOUNT TO RECEIVE
40 Hrs (full-time)	90 Days	\$200.00
40 Hrs (full-time)	Additional 90 Days	\$200.00
20 Hrs (part-time)	90 Days	\$100.00
20 HRS (part-time)	Additional 90 Days	\$100.00
Contingent (less than 20 Hrs)	90 Days	\$50.00
Contingent (less than 20 Hrs)	Additional 90 Days	\$50.00

4. Employees involved in the hiring decision for a particular position are not eligible for referral awards for that position.
5. Only one referral award can be given per candidate. If a candidate is referred by more than one employee, the first referral received will be the one rewarded if the candidate is hired.

Employee Information

Employee Name: _____ Date: _____

E-Mail Address: _____ Phone No# _____

Referral Information

Candidate Name: _____

E-Mail Address: _____ Phone No# _____

Position Referred For: _____

MRSP ONLY

Date Received: _____ Date Hired: _____

Bonus 1: DATE: _____ AMOUNT: _____

Bonus 2: DATE: _____ AMOUNT: _____