

Employee Referral Incentive Validation Form

This form can be completed electronically, saved, and emailed or printed and completed by hand.

Section 1 To be completed by Referring IU Employee and submitted to the Hiring Department.

Referring IU Employee		
Referring IU Employee Name		University ID
Job Title		Department Code
IU Phone #	IU Email	
Referring IU Employee Signature		Date
Referred Applicant		
Name of Referred Applicant		
Phone #	Email	
Job#	Job Title	Rank
Dept Name		Campus Location
Section 2 To be completed by	Hiring Department.	
New Hire University ID	Position #	 Dept Code
Date of Hire		
Bonus Amount		
Hiring Manager Name		
Hiring Manager Signature		Date
VP, Chancellor, Provost or RC Head N	ame	
VP, Chancellor, Provost or RC Head Si	gnature	Date

The form is to be submitted by the Hiring Department by attaching it to the Additional Pay eDoc. Prior to submitting the form, the hiring department should review the policy (policies.iu.edu/policies/categories/human-resources/salary/emp_referral_incentive.shtml) to confirm all referral incentive requirements have been met. Inquiries can be submitted to hrpolicy@iu.edu.