## Employee Referral Bonus for Physicians Agreement

Initiated by (name of Employment Specialist):			
Name of new hire (new employee referred by Physician):			
This Employee Referral Bonus Agreement is effective as of, 20 (hire date), by and between Scripps Health, a California non-profit public benefit corporation which operates hospitals and clinics in Southern California ("Scripps") and ("Physician").  (print Physician name)			
Scripps maintains an Employee Referral Bonus Plan (the "Plan") which pays a bonus to Scripps' employees and to members of Scripps' hospital medical staffs who refer employees hired by Scripps.			
Physician is a member of a Scripps Hospital medical staff. Physician wishes to participate in the Scripps Employee Referral Bonus Plan.			
Agreement			
Physician agrees and acknowledges that Scripps Health operates an Employee Referral Bonus Plan, and that such Plan shall be governed by the policies and procedures for such Plan then in effect (as may be modified from time to time) by Scripps.			
Pursuant to the Plan, Physician shall receive from Scripps Health \$ (dollar amount) for the referral of each employee who satisfies the requirements articulated in the Plan. Whether any referral meets Plan requirements shall be determined by Scripps in its reasonable discretion.			
The Physician acknowledges that payment pursuant to this Agreement is made solely and exclusively pursuant to the Plan and that no part of the payment made hereunder relates to the referral of patients to Scripps by Physician. To the extent appropriate pursuant to applicable tax rules, Scripps shall issue a Form 1099 documenting any payment made.			
Physician Signature Date			
Physician's Scripps Facility or Medical Group			
Physician's Preferred Mailing Address OR Inter-office Mail Drop for Payment Delivery:			
Please indicate mailing address for live check delivery OR Inter-office Mail Drop Code			
Street Address			
City, State Zip Code			
City, State Zip Code  Please return the completed form to the Scripps Employment Center:			
Please return the completed form to the Scripps Employment Center: Fax: 858-435-7170 Mail Drop: SEC1			

## Scripps Talent Management Verification of Employee Referral Information (To be completed by Talent Management Staff)

Name of Physician:		Corp ID #	
Name of New Hire: C		Corp ID #	
Hire Date of New Hire: New Hire Cost Center: (Agreement Effective Date)			
Payment Amount:			
Request for payment submitted by:(Employment Specialist)			
Steps to Complete:			
1.	Employment Specialist to complete top section of pages 1 and 2		
2.	2. Send to Physician for signature and mailing address		
3.	3. Request Physician to return agreement to Employment Specialist named on page 1		
4.	I. Submit completed Agreement and Checklist (pages 1 and 2) to Veronica Zaman, CP2 for signature		
5.	<ol> <li>Following Veronica's signature, please return pages 1 and 2 to Sierra Murua, SEC1 for verification and processing</li> </ol>		
Please Do Not Write Below This Line – Thank you			
Referral Bonus Payment Eligibility Date:(90 days after Hire Date of New Hire)			
Check off as completed:			
Referral Source Verified – Application Printed – submit with Check Request			
New Hire Current Employment Status Verified – Lawson 100			
	Physician Current Status Verified – SIU		
	Check Request Completed and Signed		
	Check Request Submitted to AP with Referral Source Verific	eation(date)(initials)	