



**Scripps Talent Management Verification of Employee Referral Information**

(To be completed by Talent Management Staff)

Name of Physician: \_\_\_\_\_

Corp ID # \_\_\_\_\_

Name of New Hire: \_\_\_\_\_

Corp ID # \_\_\_\_\_

Hire Date of New Hire: \_\_\_\_\_  
(Agreement Effective Date)

New Hire Cost Center: \_\_\_\_ - \_\_\_\_

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. Send to Physician for signature and mailing address
3. Request Physician to return agreement to Employment Specialist named on page 1
4. Submit completed Agreement and Checklist (pages 1 and 2) to Veronica Zaman, CP2 for signature
5. Following Veronica's signature, please return pages 1 and 2 to Sierra Murua, SEC1 for verification and processing

**Please Do Not Write Below This Line – Thank you**

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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 Verification \_\_\_\_\_ (date) \_\_\_\_\_ (initials)