

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: _____ 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. 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

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)