Scripps Employee Referral Program Physician Agreement

This Employee Referral Bonus Agreeme Health, a California non-profit public ben ("Scripps") and			s and clinics in So	
Scripps maintains an Employee Referral members of Scripps' hospital medical sta				employees and to
Physician is a member of a Scripps hosp Referral Bonus Plan.	oital medical sta	ff. Physician wishes to μ	participate in the	Scripps Employee
	Ag	reement		
Physician agrees and acknowledges that Plan shall be governed by the policies at time) by Scripps.				
Employee referral bonus amounts of \$50 level listing document.) The bonus amou employee/physician is listed as the refer	ınt will be pro-ra	ted if the new hire is par		
Pursuant to the Plan, Physician shall reclassification of employee hired) for the Plan. Whether any referral meets Plan r	referral of each	employee who satisfies	the requirements	articulated in the
The Physician acknowledges that paymer Plan and that no part of the payment mathe extent appropriate pursuant to applicate.	ide hereunder re	elates to the referral of pa	atients to Scripps	by Physician. To
The initial term of this Agreement shall be Agreement shall automatically renew for notice to the other party.				
Physician Signature	Date	Veronica Zaman, Corp Human Resources & L		Date
Physician's Scripps Facility or Medical G	Group			
Physician's Preferred Mailing Addres	s OR Inter-offic	e Mail Drop for Payme	nt Delivery:	
Please indicate mailing address for live of	check delivery	OR Inter-offic	e Mail Drop Code	-
Street Address			_	
City, State		Zip Code	_	

Please return the completed form to the Scripps Employment Center:

Fax: 858-435-7170 Mail Drop: SEC1

Or scan and email to the Employment Specialist (named above)

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 D	ate of New Hire: (Agreement Effective Date)	New Hire Cost Center:			
Payme	ent Amount:				
Reque	st for payment submitted by: (Employment Specialist)			
Steps	s 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					
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					
	_,				
	al Bonus Payment Eligibility Date:				
Check	off as completed:				
	Referral Source Verified – Application Printed – submit with	Chack Paguage			
	New Hire Current Employment Status Verified – Lawson 100				
		J			
	Physician Current Status Verified – SIU Chark Request Completed and Signed				
	Check Request Completed and Signed	(1242) (1242)			
	☐ Check Request Submitted to AP with Referral Source Verific	cation(date)(initials)			