



REFERRAL PAYMENT ATTESTATION

Use this form to obtain employee understanding for referral payments in accordance with the Referral Payment Program Handout.

Departments must initiate all referral payments through the [Request One-Time Payment](#) business process in Workday. This completed form must be attached to the Workday actions.

Employee Name (Last, First):		
Department:		Employee ID:
Referred Candidate Name (Last, First):		Posting #: R-
Job Profile:	Job Profile Name:	Referred Candidate's Start Date:
Hiring Department:		Hiring Manager:
<input type="checkbox"/> I understand that I will receive the first \$500 referral payment if this referred employee completes WSU System new employee orientation and the second \$500 referral payment after the referred employee completes six (6) months of employment in the same department in which they were hired. I understand that if the referred employee leaves the department prior to the completion of six (6) months of employment, the Appointing Authority has the discretion to cancel the referral payment(s). In order to be eligible to receive these payments, my referral and I must be employed by WSU, in good standing, and in pay status at the time payment is to be made.		
<input type="checkbox"/> I understand that acceptance of this offer may have tax implications for me, and necessary payroll deductions will be taken from the referral payments.		
<input type="checkbox"/> I have been provided with and reviewed the Referral Payment Program Handout		
Employee Signature:		Date:
Hiring Manager Signature:		Date:
Appointing Authority Approval Signature:		Date:

Cc: HRS Personnel File
HRS Employment Services