

## **Nurse Management Services of Georgia, Inc.**

# **Employee Referral Form**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referral Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**The employee referral program has been initiated to recognize our valued employees for referring other valued employees as themselves. In order to receive a referral bonus, the following criteria must be met:**

- 1. You must be an active employee in good standing with NMS (No Outstanding Credentials, etc.)**
- 2. The referred applicant must have listed your name on their application as making the referral.**
- 3. The referred applicant must remain employed and active with NMS for 90 days.**