

PRESCRIPTIONS

RAPID REFERRAL REQUEST

Branch Location: _____ **Date of Request:** _____

Your Name: _____ **Classification:** _____

Who Did You Refer: _____ **Classification:** _____

I am requesting the referral bonus for the above listed employee. I have read the requirements of the Rapid Referral Program and understand that the referred employee must have listed my name on their original application of employment as the referral source. I further understand that this request will be reviewed by the local Branch office of BrightMed and must be approved by both the Division Vice President and the National Service Center. Once approved I will receive the bonus amounts listed in accordance with company policy. I agree to adhere to all terms of the Prescriptions program and have made this request in good faith and within seven days of the person I have referred being hired by BrightMed

I understand that the "date of hire" is the date the applicant lists on the employment application.

Employee Signature

Branch/National Service Center Use Only

- Request made with seven days of the date of hire of referred employee
- Original application of referred employee indicates above employee as referral source
- Original application attached to request and forwarded to N.S.C.

Branch Director Approval

President Approval