Please **fully complete** this form to claim your payment(s) through the Isle of Man Public Service’s Employee Referral Scheme.

Section 1 should be completed by the referrer and then passed to the line manager of the new starter to complete Section 2 and submit to Payroll.

 **Section 1:** For completion by the referrer requesting payment

|  |  |
| --- | --- |
| **Referrer name** |  |
| **Referrer Employee Number** |  |
| **Name of appointed employee** |  |
| **Declaration**By signing below I confirm I must remain employed/engaged by the Isle of Man Public Service to receive referral payments. I also understand and accept that I cannot make more than five referrals in any two year period. |
| **Signature** |  | **Date** | \_ \_ / \_ \_ / \_ \_ \_ \_ |

**Section 2:** For completion by authorising manager

|  |  |
| --- | --- |
| **Name of manager** |  |
| **Department** |  |
| **Manager job title** |  |
| **New starter’s job title** |  |
| **Referral amount authorised** | £ | **Amount to be paid now** | £ |
| **First/second payment?** | First / Second |
| **Cost centre code** |  | **Item code** |  |
| **Declaration**By signing below I confirm:* A referral scheme was authorised for this position
* I have validated this claim by checking against the new starter’s application form
* The new starter is still employed **and** was not employed/engaged with Isle of Man Public Service before this post (including casual/agency/student posts)
* The referrer was not involved in the recruitment process
 |
| **Signature** |  | **Date** | \_ \_ / \_ \_ / \_ \_ \_ \_ |

Once authorised and completed please send this form to payroll@gov.im to process the payment.

**For more information on the terms and conditions of the Employee Referral Scheme please see the Office of Human Resources website (www.gov.im/hr).**