



Referral Partner Request

Branch Location: _____	Date of Request: _____
Your Name: _____	S.S.N. _____
Your Mailing Address: _____	
City/State/Zip: _____	
Telephone Number: _____	
Who Did You Refer: _____	
What Was Their Classification (i.e. RN, LPN, etc.): _____	

The Referral Partner Program is designed for non-employees of BrightMed This means that you cannot be an active employee for BrightMed in order to be eligible to apply for this referral payment. An active employee is defined, for the purposes of this program, as any employee who has worked for Temps Inc. in the past 12 months.

By Making This Request, you acknowledge the following:

- You are not an employee of BrightMed
- You must submit this request, to the local branch office of BrightMed, within 14 days of the candidate's application date.
- That the candidate you refer must put your name on the original application as the referral source in order for the request to be considered.
- The candidate must complete 100 hours within the first 90 days of employment. The employment date is determined by the date on the original application.
- Provided all criteria have been met, you will receive payment within 90 days (usually much sooner) of the completion of the candidate's 100 hours.
- Payment will not be taxed. Reporting income is ultimately your responsibility.
- Referral Partners may receive a 1099 at the end of the year if more than \$600.00 in referral payments have been made. BrightMed complies with all federal and state laws and reports income as determined by the current tax codes.
- If you are a representative of a facility that BrightMed provides service to, you acknowledge that it is your sole responsibility to determine if receiving payments for referrals is acceptable to your organization and that no conflict of interest exists.
- BrightMed may modify this program at anytime and all payments are at the sole discretion of BrightMed

I have read and acknowledge the requirements listed above and am requesting payment for the above listed candidate.

Referral Partner Signature/Acceptance

Date

-----Branch Use Only-----

____ Request Made Within 14 Days of Candidates Application Date

____ Original Application Indicates above Referral Partner as Referral Source

____ Original Application Attached to Request and Forwarded to N.S.C.

Branch Director Approval

President Approval