



REFER A NURSE TO DUKE AND EARN \$5,000!

Help build our winning team by referring an experienced registered nurse to work in the Duke University Health System.

- You must be an eligible Duke employee
- The referral form must be received by Nurse Recruitment prior to the candidate's hire date
- The referred RN must have at least one completed year of experience in the role for which he/she is hired.
- The referred RN must be employed in an acute care facility and work at least a .75 FTE(30 hours/week)

Read the program guidelines to see if you and the referred RN meet all the qualifications for this incentive.

This section must be completely filled out by the referring employee:

| | |
|---|--|
| Your name | |
| Date <i>(This form is valid for 1 year)</i> | |
| Your Duke Unique Id | |
| Your signature | |
| Your department | |
| Your entity | <input type="checkbox"/> DUH <input type="checkbox"/> DRH <input type="checkbox"/> DRAH <input type="checkbox"/> DU <input type="checkbox"/> Other____ |
| Are you? | <input type="checkbox"/> Monthly Employee <input type="checkbox"/> Biweekly Employee |
| Your work phone | |
| Your home phone | |
| How did you convince this RN to come to Duke? | |
| The experienced RN who you are referring | |

For Nurse Recruitment Use Only:

| | |
|---|--|
| Date Received By NR | |
| Eligible For Payment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, Why? | |
| Offer Date | |
| Hire Date | |
| Hiring Entity | |
| Position At Acute Care Facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Successfully completed 90-day probation | 1 st Payment |
| Completed 12 months continuous employment | 2 nd payment |

Please fax completed form to Duke Nurse Recruitment:

| | |
|------------------------------|--------------|
| Duke University Hospital | 919-681-7397 |
| Durham Regional Hospital | 919-470-7376 |
| Duke Health Raleigh Hospital | 919-954-3953 |