



UNIVERSITY OF
Central Oklahoma

**EMPLOYEE REFERRAL PROGRAM
REFERRAL FORM**

Applicant's Name: _____

Position Applying For: _____

Referring Employee (please type or print):

Name: _____

Department: _____

Employee Signature _____

The candidate you are referring must log onto jobs.uco.edu to apply and note you referred them for this position.

FOR HUMAN RESOURCES USE ONLY

Referral form received by: _____

Date: _____ **Time:** _____

Outcome: _____

Date referring employee was notified: _____