



interface rehab, inc.

Comprehensive Rehab & Consultation Services

www.interfacerehab.com

REFERRAL FORM

(Effective 1/19/2026)

Section 1: Policy

Eligibility:

Only one referral bonus can be given per new hire. If more than one person refers to the same new hire, the first referral received will be the one rewarded if the candidate is hired.

Please submit this form to Career@interfacerehab.com

Criteria:

- Referred candidate must be hired for one of the following positions: **PT/PTLA/PTA/PTALA/OT/COTA/SLP/SLPA.**
- The form is only valid if turned in within **30** days from the referred candidate's start date.

Bonus Structure:

- **Full-Time Status:** The referral bonus will be paid in two installments. The first installment of **\$250.00** will be paid after two weeks of continuous employment from the date of hire. The second installment of **\$250.00** after three months of continuous employment from the date of hire.
- **Part-Time Status:** The referral bonus will be paid in two installments. The first installment of **\$125.00** will be paid after two weeks of continuous employment from the date of hire. The second installment of **\$125.00** after three months of continuous employment from the date of hire.
- **Per-Diem Status:** Employee that is referred must complete **180** working hours within the first **3** months of employment in order for the referring person to be eligible to receive the bonus. The installment in the amount of **\$200.00** will be paid in full on the pay period following the completion of three months of employment from the date of hire of the referred.

Section 2: Referred Candidate's Information

Name:	Discipline:
Email:	Phone:
How did you receive this referral?	

Section 3: Signature

_____ Referring Employee's Signature	_____ Lead Generator's Signature
_____ Referring Employee's Name (Print)	_____ Lead Generator's Name (Print)
_____ Today's Date	_____ Today's Date

Section 4: INTERNAL OFFICE USE ONLY

Date of Hire:	Employment Status:	Position:
_____ Regional Mentor's Signature	_____ Accounting Department's Signature	
_____ Regional Mentor's Name (Print)	_____ Accounting Department's Name (Print)	
_____ Today's Date	_____ Today's Date	