



MCCSLOI 12330.1
HR
17 Jun 15

MARINE CORPS COMMUNITY SERVICES LETTER OF INSTRUCTION 12330.1

From: MCCS Director
To: MCCS Henderson Hall NAF Employees
Subj: EMPLOYMENT REFERRAL PROGRAM (ERP)
Ref: (a) MCO 12000.11A
Encl: (1) Employee Referral Sheet

1. Purpose. To establish a program that provides an alternate supply of qualified applicants.

2. Policy.

a. All MCCS employees who work in Retail, Semper Fit, Support and Marine and Family Programs, except those listed in section d below, receive up to \$100 in the form of an MCX gift certificate for each referral of a qualified applicant who is hired. This program covers all open Flex NAF positions in any MCCS Henderson Hall department. This program will be in effect for a limited time to end January 31, 2016, the last date that a referral form will be accepted.

b. Amounts of and eligibility for referral payments are determined by the number of calendar days that the referred employee is on board from date of hire:

Referral Work Period: \$50 after 60 days of employment
 \$50 after 120 days of employment

c. Only current MCCS Henderson Hall employees will receive payment. They will not be paid if they resign, transfer to another activity or are terminated.

d. Supervisory, managerial, military and employees of the local MCCS Human Resources office are not authorized to receive payments.

3. Action.

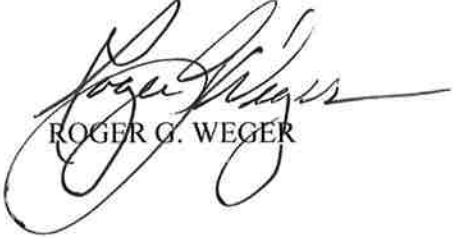
a. Current MCCS employees will provide the local MCCS NAF Human Resources office with a completed employee referral sheet directly after an applicant applies through the MCCS Recruitment site at www.usmc-mccs.org/careers . Referral sheets received after an interview or offer of employment has been made will not be eligible for a referral payment.

b. The Human Resources Office will:

(1) Log the referral and include it in their normal recruiting process.

(2) Make sure that employees receive credit for their referrals when the referral is hired within 45 days from the date of application.

(3) Request gift certificates during the first full pay period after the completion of the respective referral work period using the enclosure.



ROGER G. WEGER

EMPLOYEE REFERRAL FORM

Name _____

Department _____

Name of Referred Applicant _____

Date _____

For HR Office Use Only

Date Logged: _____

Date Hired: _____

Notified of other disposition: _____

Payments due: _____	Requested	_____	Received	_____
_____	Requested	_____	Received	_____

Encl(1)