OFFICE OF NAVAL RESEARCH

RECORD OF REFERRAL

PART I: (To be completed in duplicate by referrer; employee retains a copy, sends a copy to ONR HRO; ONR HRO acknowledges receipt and returns Xerox copy to referrer).

1. Candidate Name (Print)	2. Candidate Profession	
3. Referrer Name (Print)	4. Agency Code	5. Phone Number
6. Signature of Referrer (Signature provides certification that the above candidate was solicited for employment at ONR).		7. Date
8. Signature of HRO Representative		9. Date

PART II: (To be filled out in HRO); Please designate in appropriate block:

☐ Applicant meets eligibility requirements for bonus

☐ Applicant previously applied under announcement number:

PART III: (To be filled out by HRO as and when appropriate: ONR HRO retains the original and returns a copy to the referrer).

1. Referrer not eligible for award (explanation)

2. Candidate hired as _____

EOD _____

_____ _____

SIGNATURE OF ONR HRO REPRESENTATIVE DATE