

**RESOURCE, SUPPORT, AND DEVELOPMENT, INC.**

**R.S.D., INC.**

**PO BOX 80185 \* BILLINGS, MT 59108-0185**

**Phone: 406-652-5443 Fax: 406-652-9361**

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REFERRAL ACKNOWLEDGEMENT

This form must be completed and signed by both the referent and his/her supervisor and then submitted to the Payroll Department after the end of the first 30 days of employment.

I, , do attest that on  I referred  
(Referent Name) (Date)

to work for RSD, Inc at   
(Applicant) (Program/Location)

SIGNED:  DATE:

SUPERVISOR AUTHORIZATION

I confirm that  was referred by the current employee above. The new  
(New Employee)

employee has met the screening criteria and worked for us as a regular/relief (circle one) for the required 30 days. I authorize RSD, Inc to give the referent above a \$  (\$50 for relief and \$100 for regular staff).

SIGNED:  DATE: