**Instructions:**

* **Section I:** (1) Enter the jobseeker’s full name, email address, and HHonors number; (2) Check the box to verify you have approval to submit this request and to signify you understand the current state criteria for participation.
* **Section II:** Provide complete contact information for the representative making the referral (this person agrees to provide follow-up information, when requested).
* **Section III:** This information is being requested for follow-up and reporting on overall program success. Only aggregate program total numbers will be shared with Hilton.
* **SUBMIT COMPLETED FORM TO:** **Charlie.Palumbo@vec.virginia.gov** **and include “Hilton HHonors Referral” in the subject line**

**SECTION I: HHONORS POINTS RECIPIENT**

|  |  |
| --- | --- |
| **Name**  |  |
| **Email**  |  |
| **HHonors Number** |  |

[ ]  *By checking this box I confirm the HHonors Points recipient meets current state eligibility criteria for participation.*

**SECTION II: STATE or PARTNER AGENCY REPRESENTATIVE MAKING REFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Email** |  | **Date** |  |

**SECTION III: ADDITIONAL HHONORS RECIPIENT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Military Status** | [ ]  Veteran (Post 9/11) [ ]  Veteran (Pre 9/11)[ ]  Transitioning Service Member  | [ ]  NG/R [ ]  Spouse |
| **Branch of Service**  | [ ]  Air Force [ ]  Army  | [ ]  Coast Guard[ ]  Marine Corps  | [ ]  Navy[ ]  USPHS (<http://www.usphs.gov/>)  |
| **Military Rank (if applicable)** | [ ]  Enlisted  | [ ]  Officer |
| **Reason for Referral\****Provide additional information such as name of company, position, location, training course, etc.*  | [ ]  Job interview [ ]  Training for new job  | [ ]  Confirmed job search [ ]  [ ]  Other (Explain below) |
| \***ADDITIONAL INFORMATION:**  |
| **UI/UCX (optional)** | [ ]  Currently receiving UI | [ ]  Current receiving UCX |
| **Other:**  |

**SECTION IV: APPROVAL (TO BE COMPLETED BY SWA/HILTON POC)**

|  |  |
| --- | --- |
| [ ]  **APPROVED** | *Date submitted to Hilton:* | [ ]  **DENIED** | *Reason:* |