Objective: To provide assistance to nursing staff physically relocating to the area to work at Duke University Health System (Duke Raleigh, Durham Regional Hospital, or Duke University Hospital). This updated policy will become effective immediately, and guidelines will change as necessary without notification.

This allowance may be received in one of two ways: (1) receive money after employment date (see section 5 below), or (2) relocation movers. Call the Nurse Recruitment Office at (800) 232-6877 for further information and contact numbers.

Grant Guidelines:

1. New employees hired into nursing on a full-time (30-40 hrs/wk) basis are eligible for the Relocation Grant providing they meet the following criteria:

   A. Must have accepted job offer with Duke prior to their move.
   
   B. Agree to remain employed full-time (30-40 hrs/wk) within nursing at Duke University Health System (Duke Raleigh Hospital, Durham Regional Hospital, or Duke University Hospital) for one full year.

   C. Physically relocate to this area for the sole purpose of beginning employment at Duke.

   D. Has not been employed by, or on payroll of, the Duke University Health System or any of its subsidiaries in any capacity for a period of at least one (1) year. (Nursing students, who participated in the PNA program, may be eligible to receive relocation).

   E. Not participating in the Duke ABSN or Watts loan forgiveness programs.

2. Relocation Grant amounts: $1,000 (inside NC – move at least 75 miles); $3,000 (outside NC moving into NC). For students permanent address will be used for purpose of relocation.

3. The Relocation Grant Agreement must be completed and signed within 1 month of start date. THE RELOCATION GRANT FORM MUST BE COMPLETED IN ORDER TO RECEIVE RELOCATION GRANT IN ANY FORM. A copy of the agreement will be kept on file in the Nurse Recruitment Office.

4. The Relocation Grant is taxable income and will be reported to the IRS as taxable income on year-end W-2 form.

5. Relocation money will be issued in one payment, and will be included in your regular paycheck. Grant is subject to all applicable state, federal, and FICA taxes (which will be deducted). Payments will processed after
relocation application form completed (as soon as possible after hire date, and prior to end of 90-day probation period) and paperwork submitted for payment. Gross Adjustment should show on paycheck issued approximately 6-8 weeks after hire date.

6. It is the responsibility of the new employee to complete any tax forms applicable for these funds.

7. If the employee voluntarily resigns, is terminated or transfers outside of nursing (within the hospital) before completing 12 months full-time continuous service, he/she will be responsible for reimbursement of payments of grant money:

A. If the employee leaves Duke (under any of the conditions above) and is asked to return the grant money within the same calendar year as it was received, the employee will be responsible for reimbursement of grant money received, (less taxes).

B. If the employee leaves Duke (under any of the conditions above) and is asked to return the grant money after the beginning of a new calendar year (different than the calendar year in which the grant was received from the employee), the employee will be responsible for reimbursement of total grant including taxes.

It is the responsibility of the employee to make arrangements for repayment of the grant prior to leaving employment.

8. The employee is responsible for providing accurate information regarding the origin of relocation. This information is subject to verification and the employee may be terminated if found to have falsified this information.

9. Nurse Recruitment will manage this program. Hires will be evaluated monthly with program statistics summarized to Senior Leadership for evaluation of program changes. The programs will be evaluated as successful if 80% if the number of nurses receiving this incentive continue employment past one year. Nurse Recruitment will measure exit interview data as well as staff satisfaction related to this program.
One of the two options below are available to new employees. Remember – to receive either, you MUST complete Relocation Grant form.

I. Receive relocation allowance directly (paid 6-8 weeks after start day and included in payroll check as “supplemental pay”).

   A. $3,000 allowance for out-of-state hires (must relocate to NC)
   B. $1,000 allowance for in-state hires (move must be at least 75 miles within North Carolina)
   C. For students permanent address will be used for purpose of relocation.

II. Relocation movers (Lawrence Transportation Systems or Armstrong Relocation).
   Relocation allowance paid directly to an approved moving company (Lawrence Transportation Systems or Armstrong Relocation, under Duke contract) in amounts as shown in option I above.

Contact:

   Sherrill Greene  
   Lawrence Transportation Systems  
   1-800-336-9626, Press 6 and Ext. 14  
   Sgreene@lawrencetransportation.com

   OR

   Donna Willliams  
   Armstrong Relocation and Companies  
   Agent for United Van Lines  
   4227 Surles Court, Ste. 110  
   Durham, NC 27703  
   919-425-9853 Office  
   919-225-3399 Weekends  
   800-473-9869 Toll Free  
   901-271-4554 Facsimile  
   donnawilliams@goarmstrong.com
NAME: ____________________________________________________________________________________

(Last)                                                           (First)                                                           ( Middle/Maiden)

DEPARTMENT ______________________   START DATE: __________________   POSITION: ____________

New mailing address*:

Address: _________________________
City: ____________________________
State: ___________________________

Relocated from:

Address: __________________________
City: ______________________________
State: ___________________________

*Form will not be processed until new local mailing address is provided.

The Relocation Grant is reimbursed in one of two ways, please select one:

Receive relocation grant reimbursement directly ________       Use the moving company (under contract with Duke) ________

If you used a Duke contracted moving company, designate which service was used:

Lawrence Transportation Systems_______        Armstrong Relocation________

Read the following statement carefully and initial where designated. Your initials and signature confirm that all listed information is correct to the best of your knowledge.

As part of my employment agreement with Duke University Health System, I am applying for and accepting the relocation grant. In accepting this relocation grant, I verify that I have relocated at least 75 miles within North Carolina or I have relocated from another state to North Carolina (to within 75 miles of assigned work facility). I understand that the Relocation Grant Agreement must be completed, signed and submitted to Nurse Recruitment within 30 days of start date. If working under a compact nursing license from another state, I understand I will not receive relocation until my primary state of residency is changed to North Carolina. (Initial ___)

I also understand that if I voluntarily resign from my position, am terminated, decrease work hours to less than 30 hours per week, or transfer outside of DUHS (Duke University Health System), before 1 year of employment, I will be responsible for full payment of grant money as stated in “Relocation Grant” guidelines. It will be my responsibility to make arrangements for repayment prior to leaving employment. Should I fail to make arrangements, I authorize any money due me, including amounts due for accrued earnings, vacation, or other service benefits, to be used for repayment in full for the amount stated above upon termination. This assignment is given voluntarily on my part and is irrevocable on my part. (Initial ___)

I understand that this grant is taxable income and will be included on my year-end W-2 form. (Initial ___)

I also understand that this information is subject to verification and that my employment may be terminated if I have falsified this information. (Initial___)

I have received, read and understand the Relocation Grant Guidelines. (Initial ___)

Printed Name Employee                Signature                      Date

NRO Employee Witness Name            Date

FOR OFFICE USE ONLY

_______  New and previous addresses have been verified (i.e. driver’s license or state identification card)  $_____________  Relocation amount