



# Staff relocation policy:

## Policy statement



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## **1 Introduction**

The Board wishes to ensure wherever possible that new employees are not significantly financially disadvantaged by a necessary permanent move of their domiciliary location.

## **2 Scope**

This policy is applicable to all new employees joining NHS Borders together with those existing employees who are required to relocate as a consequence of applying for promotional posts or other posts within the Board where their current post is not subject to redundancy.

**All Staff** - Please note that you must remain in employment for one year and will be required as a condition of receiving payment of removal expenses, to give a signed undertaking to that effect. A further condition of receiving removal expenses is that property is purchased within the Borders area.

## **3 Allowable expenses**

The Board whilst defining at Appendix A the cost areas against which new employees may claim, does not wish to restrict the freedom of such new employees to decide for themselves within the items listed how best to expend the maximum sum available to them in each case.

## **4 Financial limits**

The Human Resources Director may agree relocation expenses with new staff, depending on their individual circumstances. This may be up to a maximum of 20% of the first year's basic salary or £6,000 (including VAT) whichever is the lesser. The 'incidental expenses' element will be limited to a maximum of £1500 (including vat). The £6000 maximum will normally only apply to "householders" "Non householders" will be expected to relocate for a lesser sum.

## **5 Time limits**

Offers of relocation expenses will be valid for 12 months from the date of commencement of employment and all claims should be made within this period. Claims will be honoured after the 12 month period providing invoices are dated prior to the expiry date.

## **6 Payment of expenses**

Subject to the limits described above claims will be met item by item on proof of payment (VAT receipts). Wherever possible three competitive quotations should accompany claims particularly items 3 and 6 in Appendix A. Claims must be submitted on the proforma at Appendix D to the Director of Human Resources.

## **7 Repayment of claimed expenses**

The Board will require that all new employees accepting an offer of relocation expenses will undertake in writing to repay expenses claimed in the event they leave the employment of the Board, of their own volition, at any time during the first 24 months of their employment with the Board. The payment table is shown at Appendix B.

## **8 Discretion**

The Remuneration Committee may decide, in exceptional circumstances, and at its absolute discretion, to exceed the financial and time limits described above.

## **9 Review of policy**

The Policy and the financial maxima will be reviewed from time to time by the Board and the Area Partnership Forum at which time they will take into account the inflationary elements of the retail prices index (RPI) in particular those elements associated with housing costs.

## List of claimable expenses

## Appendix A

1. Legal Fees: (a) Sale of existing property  
(b) Purchase of new property (inc. stamp duty and survey).
2. Estate Agent's fees: Sale of existing property (inc. advertising costs).
3. Removal costs: Furniture and personal effects.
4. Incidental expenses: carpets, fixtures and fittings; only items which require to be altered or newly purchased as a direct result of relocation will be reimbursed.
5. Travel costs: (a) Visit of postholder/spouse/partner and/or family to view area (choose accommodation).  
(b) Supervise removal from old property.  
(c) Journey to new home.
6. Storage of furniture and personal effects.
7. Temporary accommodation costs (up to 6 months).
8. Bridging loan costs.

### NB.

1. Claims will only be met on the production of VAT receipts.
2. Three competitive quotations must support claims for removal expenses and wherever possible other claimable items.
3. Appendix B is enforceable for each element described above where the claim dates are different.
4. Some items of expenditure may be eligible for deduction of Income Tax in accordance with current Regulations [Inland Revenue Booklet 480 (1994)].

Repayment Table

| Months Expired since receipts of payments (s) | % Repayable |
|---|-------------|
| 0   | 100         |
| 1   | 96          |
| 2   | 92          |
| 3   | 88          |
| 4   | 83          |
| 5   | 79          |
| 6   | 75          |
| 7   | 71          |
| 8   | 67          |
| 9   | 63          |
| 10  | 58          |
| 11  | 54          |
| 12  | 50          |
| 13  | 46          |
| 14  | 42          |
| 15  | 38          |
| 16  | 33          |
| 17  | 29          |
| 18  | 25          |
| 19  | 21          |
| 20  | 17          |
| 21  | 13          |
| 22  | 8           |
| 23  | 4           |
| 24  | 0           |

## Appendix C

### Agreement for repayment of relocation expenses

AN AGREEMENT

for

THE REPAYMENT OF RELOCATION EXPENSES

between

..... (name of employee)

and

BORDERS HEALTH BOARD (NHS BORDERS)

Amount agreed .....

Job title .....

Date of commencement .....

In return for relocation expenses offered to me I, ..... (name)

**FIRST** Agree to repay, according to the scale at Appendix B, all relocation expenses for which I have been reimbursed in the event I leave the employment of the Board, of my own volition, within 24 months of being reimbursed for each item described at Appendix A.

**SECOND** Authorise the Board to deduct from my final pay and emoluments any agreed sum outstanding on leaving the employment of the Board subject to the requirements of the paragraph **First** above.

**THIRD** Agree in the event the amount due from me on leaving the employment of the Board, of my own volition, exceeds the nett sum of my final pay and emoluments to repay the agreed difference to the Board on demand or as mutually agreed at that time.

**FOURTH** Accept that any outstanding sum to be reimbursed to the Board shall be subject to verification at the time and to subsequent agreement between the two parties.



**AN AGREEMENT**

for

**THE REPAYMENT OF RELOCATION EXPENSES  
(amount detailed overleaf)**

between

..... (name of employee)

and

**BORDERS HEALTH BOARD (NHS BORDERS)**

Signed ..... for the Board  
..... (name)  
..... (date)

Signed ..... the employee  
..... (name)  
..... (date)

**WITNESSES**

1. .... (signature)  
..... (name)  
..... (address)  
.....  
..... (date)

2. .... (signature)  
..... (name)  
..... (address)  
.....  
..... (date)

## Appendix D

### Claim for reimbursement of relocation expenses

BORDERS HEALTH BOARD

CLAIM FOR REIMBURSEMENT OF RELOCATION EXPENSES

Name: ..... Job title: .....

Pay No: ..... Department: .....

Original expenses offered: £..... Outstanding balance: £.....

| Date claimed | Item description | Amount claimed<br>£ | VAT<br>£ |
|--------------|------------------|---------------------|----------|
| TOTALS       |                  |                     |          |

Signed: ..... (Claimant)  
..... (Date)

Authorised by: ..... Director of Human Resources  
..... (Date)

NB. Invoice/Receipts Travel Expense Claims should accompany claims

Current Balance .....