

# **Relocation expenses**

**HR-0051-v1**

**Status: Approved**

**Document type: Procedure**

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## 1 Purpose

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Following this procedure will help the Trust to:-

- Adopt a fair and effective approach to granting relocation expenses

## 2 Related documents

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This procedure describes what you need to do to when implementing relocation expenses.

## 3 Eligibility

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- 3.1 Assistance with relocation and associated expenses shall be approved at the discretion of the Trust, to employees who, as a result of taking up employment with the Trust, either need to move their home or have additional expenses.
- 3.2 Under this procedure consideration will be given to the re-impbursement of relocation expenses to employees who are regarded as **filling a key post or the post is deemed to be difficult to recruit to**.
- 3.3 If a post is deemed difficult to recruit to and a manager wishes to include the possibility of relocation expenses within the advert this must be discussed with the Head of HR/Associate Director of Medical Development.
- 3.4 If a successful candidate having been offered a post is eligible for relocation expenses this must be discussed with the Head of HR/Associate Director of Medical Development before notifying the individual. A record of this discussion will be held in HR/Medical Development.
- 3.5 In exercising discretion the Trust shall apply the principles of the Trust's Equality and Diversity Policy.
- 3.6 The Trust will require employees to repay all or part of reimbursements and grants paid if they leave the Trust within 2 years of the appointment that gave rise to the expense (as detailed in section 6.11).

## 4 Applying for reimbursement

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- 4.1 Employees wishing to **apply** for reimbursement of expenses must complete the attached "Application for assistance with relocation expenses" form (Appendix 2) in full.

- 4.2 This form must be signed by the appointing manager and forwarded to the Human Resources Department/Medical Development for final approval. A copy will be retained in the Human Resources department/Medical Development.

## 5 Claiming for reimbursement

- 5.1 If approved the employee can **claim** for relocation expenses incurred by completing the attached “claim for assistance with relocation expenses” form (Appendix 3). All claims **must** be accompanied by receipts and invoices and forwarded to the Human Resources department/Medical Development for approval.
- 5.2 The Human Resources/Medical Development department will retain copies of all claim forms before forwarding the original to the Payroll department for payment.
- 5.3 The Human Resources/Medical Development department in conjunction with the Finance department will be responsible for monitoring relocation expenses in relation to the following: -
- i. When the individual has claimed up to the maximum amount allowable.
  - ii. Six monthly review to check on progress made in relation to the sale of property.
  - iii. Check that any employee leaving the Trust is required to repay relocation expenses due to them leaving less than 2 years into a role.
- 5.4 Approved reimbursements will be deducted from the relevant service budget of where the post is.

## 6 Reimbursement

- 6.1 All claims for relocation expenses should fall within one of the following categories:

| Category                                      | Maximum reimbursement |
|---|-----------------------|
| Existing house owner (buying / selling)       | £8,000                |
| House owner to rented accommodation (selling) | £1,500                |
| First time buyer                              | £1,500                |
| Rented accommodation to rented accommodation  | £1,000                |

In exceptional circumstances payment of expenses up to a maximum of £12,000 may be authorised by Director of Operations/Medical Development.

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- 6.2 The claimant will be entitled to reimbursement for reasonable expenses incurred through the process of moving (see Appendix 1). Requests for relocation expenses beyond those listed on Appendix 1 will need prior agreement from the Head of Human Resources/Associate Director of Medical Development.
- 6.3 All claims associated with relocation expenses should be made within the first year of employment with the Trust. Any extension to this year period would require prior approval from the Head of Human Resources/Associate Director of Medical Development, this will be monitored and reported upon.
- 6.4 All applicants must evidence that they have received 3 quotes for incurred costs to ensure the Trust is getting value for money.
- 6.5 Payment for claims made in relation to relocation Expenses will only be made if accompanied by receipts and invoices.
- 6.6 1 day additional paid leave may be granted for the purpose of removal of household and personal effects, at the discretion of the Manager having the responsibility to grant leave.
- 6.7 Where an employee has been unable to move house and continues to reside at home, then they will be reimbursed any extra travelling expenses incurred in travelling from home to their work base for a maximum period of 6 months. Should the property sell within the 6 months all reimbursement received will be offset against the maximum payable in section 6.1.
- 6.8 Alternatively, should an employee's old property remain unsold and they decide to take temporary accommodation in the new area, their rental expenses will be reimbursed for a maximum period of 6 months. Should the property sell within the 6 months all reimbursement received will be offset against the maximum payable in section 5.1.
- 6.9 Any legal costs, survey fees etc. incurred in an unsuccessful attempt to purchase a property may be reimbursed at the discretion of the Trust. The Trust must be satisfied the reason the purchase was abandoned was acceptable and that any costs in relation to the work done are reasonable. Where the abandonment relates to an adverse structural survey, a copy of the surveyor's report must be submitted with the expenses claim form. Any costs reimbursed will be offset against the maximum payable in section 5.1.
- 6.10 All reimbursements will be facilitated in line with active HMRC guidance. Expenses exceeding £8000 may have further tax implications, advice must be sought from the finance directorate.
- 6.11 Should an employee leave employment with the Trust within 2 years of their appointment, they will be required to pay back relocation expenses in line with the following:

| Leave between                                  | Repayment |
|--|-----------|
| Less than 6 months                             | 100%      |
| Between 6 months and 18 months                 | 75%       |
| Greater than 18 months but less than 24 months | 50%       |

Should the

consultant leave the service within a period of two years from receipt of the relocation expense, all or some of the monies paid will be reclaimed. This will be dependent on circumstances and the decision will lie with the Medical Director.

- 6.12 If the employee does not move within 12 months of commencing employment, the Trust will have the right to withdraw from any agreement of financial support for relocation expenses.
- 6.13 In exceptional circumstances where the trust requests a member of staff to relocate their work base for a specific role, consideration will be given to compensate the individual for both travel and time spent travelling. This will only be considered when the distance travelled is beyond what would be classed as reasonable. This must be discussed with the Head of HR prior to any arrangement been agreed and the agreement will be in place for a maximum of 4 years. This may also apply if staff express an interest in a post which cannot be filled through the usual recruitment process and the distance to travel is beyond reasonable.

## 7 Document control

|   |  |                                    |
|---|--|------------------------------------|
| Date of approval:   | 07 November 2017                                   |                                    |
| Next review date:   | 31 March 2024                                      |                                    |
| This document replaces:                                   | N/A  |                                    |
| Lead:   | Name   | Title                              |
|   | Beverley Vardon-odonkor                            | Head of HR and Workforce Assurance |
| Members of working party:                                 | Name   | Title                              |
|   |  |                                    |
| This document has been agreed and accepted by: (Director) | Name   | Title                              |
|   | David Levy   | Director of HR and OD              |
| This document was approved by:                            | Name of committee/group                            | Date                               |
|   | JCC  | 07 November 2017                   |
| An equality analysis was completed on this document on:   | 12 December 2017 – approved by E&D 02 January 2018 |                                    |

### Change record

| Version | Date        | Amendment details                       | Status    |
|---------|-------------|---|-----------|
| 1       | 26 Jan 2018 | New procedure                           | Published |
| 1       | Oct 2020    | Review date extended                    | Published |
| 1       | 29 Mar 2021 | Review date extended till 01/11/2021    | Published |
| 1       | Nov 2021    | Review date extended till 01/11/2022    | Published |
| 1       | May 2023    | Review date extended till 30 June 2023  | Published |
| 1       | Feb 2024    | Review date extended till 31 March 2024 | Published |

## 8 Appendices

### 8.1 Appendix 1 - Relocation Expenses Allowable

All claims for removal expenses should fall within one of the following: -

| Category                                      | Maximum reimbursement |
|---|-----------------------|
| Existing house owner (buying / selling)       | £8,000                |
| House owner to rented accommodation (selling) | £1,500                |
| First time buyer                              | £1,500                |
| Rented accommodation to rented accommodation  | £1,000                |

The Trust may meet any reasonable costs incurred in relation to the above 4 categories, including:

- Removal of furniture and effects.
- Storage of furniture and effects.
- Legal expenses on house purchase.
- Legal expenses on house sale.
- Mortgage / loan charges
- Estate Agents or Auctioneers' fees.
- Tenancy / Rental fees.
- Preliminary visit.
- Journey from old to new house.
- Return visit to supervise removal.
- Excess rent allowance.
- Excess daily travel expenses.
- Miscellaneous expenses directly related to the removal.
- Survey fees
- Stamp duty

**REFUNDABLE DEPOSITS CANNOT BE CLAIMED UNDER THIS PROCEDURE**

**NB: All claims made in respect of the above must be accompanied by invoices / receipts.**

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## 8.2 Appendix 2 – Application for assistance with relocation expenses

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1. **NAME OF APPLICANT** \_\_\_\_\_

2. **DETAILS OF NEW APPOINTMENT WITH TRUST**

Role \_\_\_\_\_

Department \_\_\_\_\_

Grade and Salary \_\_\_\_\_

Full time / Part time \_\_\_\_\_ Work hours / week if part time \_\_\_\_\_

Date of Commencement \_\_\_\_\_ Duration of Contract \_\_\_\_\_

2. **PREVIOUS ADDRESS** \_\_\_\_\_

\_\_\_\_\_

Type of accommodation to be stated \_\_\_\_\_

e.g. Owner – occupied, rented unfurnished, rented furnished  
or part furnished (if part furnished, state to what extent)

3. **NEW ADDRESS (if known)** \_\_\_\_\_

\_\_\_\_\_

Type of accommodation to be stated \_\_\_\_\_

e.g. Owner-occupied, rented unfurnished, rented furnished or part furnished (if  
part furnished, state to what extent)

**DECLARATION**

I hereby make application to the Trust for assistance with removal expenses actually and necessarily incurred by me in connection with my appointment with the Trust and in accordance with the following categories. In doing so I declare that the information given by me throughout this form is correct. I also confirm that removal expenses claimed are not subject to reimbursement from another source to my spouse, family or partner.

**Please tick category for which removal expenses will be claimed: -**

| Category                                      | Maximum reimbursement | Tick Here |
|---|-----------------------|-----------|
| Existing house owner (buying / selling)       | £8,000                |           |
| House owner to rented accommodation (selling) | £1,500                |           |
| First time buyer                              | £1,500                |           |
| Rented accommodation to rented accommodation  | £1,000                |           |

\*\* Expenses exceeding £8000 may have further tax implications, please seek advice from the finance department \*\*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand if I leave the Trust within a period of 2 years I will be required to repay reimbursement received as per detail in the Relocation Expenses procedure.

**Manager Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Manager Signature** \_\_\_\_\_ **AS Number** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

***APPROVED / NOT APPROVED***

**HR Manager Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

### 8.3 Appendix 3 – Claim form for assistance with removal expenses

NAME: \_\_\_\_\_ ADDRESS TO WHICH REIMBURSEMENT TO BE MADE: \_\_\_\_\_

POST: \_\_\_\_\_

BAND: \_\_\_\_\_

| DATE   | DETAILS OF CLAIM | AMOUNT CLAIMED |
|--|------------------|----------------|
|  |                  |                |
| <b>NB:</b> Reimbursement will only be made if accompanied by receipts/invoices |                  |                |

SIGNED ..... Date .....

**FOR OFFICE USE ONLY**

Please reimburse the above named individual the sum of £.....

Authorised & Checked by : Name ..... Date .....

**Human Resources/Medical Development**

Processed by : Name ..... Date .....

**Payroll**

## 8.4 Appendix 4 – Claim form

This form must be completed for each claim or part claim

*Part A – to be completed by everybody*

| APPLICATION FOR ASSISTANCE WITH RELOCATION EXPENSES<br>(Medical Staff) |  |  |  |
|--|--|--|--|
| Name of Applicant  |  |  |  |
| Grade & Salary   |  | Number of Hours                                      |  |
| Specialty & Hospital Base  |  |  |  |
| Date of Commencement   |  | Duration of Fixed Term Contract (if not substantive) |  |
| Previous Employer  |  | Grade  |  |
| Number of Hours  |  | Date of Termination                                  |  |

*Part B – to be completed if selling a house*

| PREVIOUSLY OWNED ACCOMMODATION |   |  |   |
|--------------------------------|---|--|---|
| Address                        |   |  |   |
| Sale Price of House            | £ | Agent's/Auctioneer's Fees                      | £ |
| Legal Expenses                 | £ | Please detail items below and enclose receipts |   |
|                                |   |  |   |

*Part C – to be completed if buying a house*

| NEWLY OWNED ACCOMMODATION |   |  |   |
|---------------------------|---|--|---|
| New Address               |   |  |   |
| Price of House Purchase   | £ | Agent's/Auctioneer's Fees                      | £ |
| Legal Expenses            | £ | Please detail items below and enclose receipts |   |
|                           |   |  |   |

*Part D – to be completed if renting accommodation*

| PREVIOUSLY RENTED ACCOMMODATION                                   |   |  |
|---|---|--|
| Previous Address  |   |  |
| Furnished or Unfurnished  |   |  |
| NEWLY RENTED ACCOMMODATION<br>(if applying for rental assistance) |   |  |
| New Address   |   |  |
| Furnished or Unfurnished  |   |  |
| Rent Per Calendar Month   | £ | Please note: the Trust is unable to re-imburse doctors for any deposit/bond paid in respect of rented accommodation as the deposit/bond may be refunded by the landlord upon completion of the tenancy |
| Name & Contact Details of   |   |  |

|                        |                        |                 |  |
|------------------------|------------------------|-----------------|--|
| Landlord/Estate Agency | Tel No: (            ) |                 |  |
| Tenancy Date From      |                        | Tenancy Date To |  |

*Part E – to be completed if claiming other expenses*

| <b>MOVING EXPENSES</b>                                      |  |  |   |
|---|--|--|---|
| Date of Move  |  | Mileage From Old to New Property           |   |
| Cost of Removal   | £<br>Please provide three quotes from removal companies (NB – expenses will be paid in accordance with the lowest quote) |  |   |
| Extra Costs, eg insurance                                   | £  | Total Cost of Removal                      | £ |
| <b>STORAGE EXPENSES</b>                                     |  |  |   |
| Number of Weeks of Storage                                  |  | Total Cost of Storage                      | £ |
| <b>TRAVELLING EXPENSES<br/>(Day of move)</b>                |  |  |   |
| Mode of Transport   |  | Number of people travelling (inc yourself) |   |
| Number of Miles travelled                                   |  | Total Cost of Travelling                   | £ |
| <b>PRELIMINARY VISITS<br/>(To search for accommodation)</b> |  |  |   |
| Total Number of Visits                                      |  | Mode of Transport                          |   |
| Total Number of Miles Travelled                             |  | Total Cost of Travelling                   | £ |
| Overnight Stay Costs  | £  | Total Cost of Preliminary Visits           | £ |
| <b>TOTAL COST OF REMOVAL EXPENSES</b>                       |  |  |   |
| Total Cost Requested for Reimbursement                      | £  |  |   |

*Part F – to be completed if claiming home to base mileage in lieu of expenses*

| Home to Base Mileage<br>(in lieu of relocation expenses) |  |
|--|--|
| Number of miles claimed                                  |  |

**Please remember that reimbursement will only be made if claim is accompanied by original receipts and/or invoices. Please ensure ALL relevant sections of this form are fully completed and you have attached the relevant documentation.**

I hereby make an application to the Trust for assistance with removal expenses actually and necessarily incurred by me in connection with my appointment with the Trust and in doing so I declare that the information given by me throughout this form is correct. I also confirm that removal expenses claimed are not subject to reimbursement from another source either to myself, my partner, or my family.

I undertake not to leave the service of the Trust within a period of two years unless the move is the result of unforeseen circumstances serious enough to justify releasing me from this undertaking, otherwise I may be called upon to refund the whole or part of the expenses paid.

Signed:..... Date:.....

#### HEAD OF SERVICE

I hereby approve of the above application and that any expenditure incurred will be debited from the following budget:

Cost Code:..... Date:.....

Name:..... Signature:.....

(Authorised Signatory)

**Please forward this form and ALL supporting evidence to:  
Medical Development  
Roseberry Park  
Marton Road  
Middlesbrough  
TS4 3AF**

**For Use By Medical Development Only**

Checked by Medical Staffing Officer:.....

Authorised by Associate Director of Medical Development

Name:..... Signature:.....

Date:.....

**Send to Finance Department  
Flatts Lane Centre  
Normanby Road  
Middlesbrough  
TS6 0SZ**

Please reimburse Dr..... the sum of

£..... from the following cost code:.....

## 8.5 Appendix 5 – Equality Analysis Screening Form

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page**

|   |   |                          |                       |                          |
|---|---|--------------------------|-----------------------|--------------------------|
| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.           | HR and OD   |                          |                       |                          |
| Name of responsible person and job title  | David Levy, Director of HR and OD   |                          |                       |                          |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | Lesley Hodge – Policy Working Group and JCC   |                          |                       |                          |
| Policy (document/service) name  | Equality Analysis Guidance  |                          |                       |                          |
| Is the area being assessed a...   | Policy/Strategy   | <input type="checkbox"/> | Service/Business plan | <input type="checkbox"/> |
|   | Procedure/Guidance  | <input type="checkbox"/> | X                     | Code of practice         |
|   | Other – Please state  |                          |                       |                          |
| Geographical area covered   | Trust Wide  |                          |                       |                          |
| Aims and objectives   | <ul style="list-style-type: none"> <li>To describe the approach of the Trust to the use of the Relocation Expenses Procedure</li> <li>To ensure all Trust staff understand the principles of the Relocation Expenses Procedure.</li> <li>To ensure an equitable approach to the use of the Relocation Expenses Procedure</li> </ul> |                          |                       |                          |
| Start date of Equality Analysis Screening   | 12.12.17  |                          |                       |                          |
| End date of Equality Analysis Screening   | 12.12.17  |                          |                       |                          |

**You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Individuals who are successful in obtaining a difficult to recruit to post with in the Trust that may be eligible to claim relocation expenses.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| <b>Race</b> (including Gypsy and Traveller)   | No | <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)              | No | <b>Gender</b> (Men, women and gender neutral etc.)   | No |
| <b>Gender reassignment</b> (Transgender and gender identity)                          | No | <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)                                      | No | <b>Age</b> (includes, young people, older people – people of all ages)   | No |
| <b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's) | No | <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) | No | <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) | No |

**No** – Please describe any positive impacts/s

The procedure adopts a fair and effective approach to granting relocation expenses

|   |  |  |  |  |
|---|--|--|--|--|
| <b>3.</b> Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?<br><b>If 'No', why not?</b>   | <b>Yes</b>   |  |  |  |
| <b>Sources of Information may include:</b> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul> | <ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul> |  |  |  |
| <b>4.</b> Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership                       |  |  |  |  |
| <b>Yes</b> – Please describe the engagement and involvement that has taken place  |  |  |  |  |
| Policy Working Group. Joint Consultative Committee.   |  |  |  |  |

|  |   |               |    |                                       |                   |
|--|---|---------------|----|---------------------------------------|-------------------|
| 5. As part of this equality analysis have any training needs/service needs been identified?  |   |               |    |                                       |                   |
| <b>No</b>  | Please describe the identified training needs/service needs below |               |    |                                       |                   |
| A training need has been identified for;   |   |               |    |                                       |                   |
| Trust staff  | No  | Service users | No | Contractors or other outside agencies | No                |
| <b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>                                   |   |               |    |                                       |                   |
| The completed EA has been signed off by:<br>You the Policy owner/manager:<br><br>Beverley Vardon-Odonkor   |   |               |    |                                       | Date: 12 Dec 2017 |
| Your reporting (line) manager:<br><br>David Levy   |   |               |    |                                       | Date: 12 Dec 2017 |
| If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046 |   |               |    |                                       |                   |