

# RELOCATION GRANT GUIDELINES

Objective: To provide assistance to Registered Nurses and Case Managers physically relocating to the Raleigh/Durham area to work at Duke University Health System (Duke Raleigh Hospital, Durham Regional Hospital, Duke University Hospital, Duke Primary Care, Patient Revenue Management Organization, and Duke Home Care and Hospice).

## Grant Guidelines:

### 1. Eligibility Criteria:

- A. Must have accepted a job offer with DUHS prior to relocating.
- B. Hired into a .75 FTE or greater (30 hours a week or more) as a Registered Nurse at Duke University Health System (Duke Raleigh Hospital, Duke Regional Hospital, or Duke University Hospital, Duke Primary Care, PRMO. The position must require a registered nurse.
- C. Hired into a .75 FTE or greater as a Case Manager at Duke University Health System (D. *Nursing students, who participated in the PNA program, may be eligible to receive relocation*).
- 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.

### 2. Relocation Grant Amounts:

- A. \$1,500 (inside NC, move at least 75 miles; experienced RN's or case manager only).
- B. \$1,500 (outside of NC; new grads).
- C. \$3,000 (outside of NC; experienced RN's or case manager only).

*For students permanent address will be used for purpose of determining eligibility for relocation Grant. Nurses working under a compact nursing license are not eligible for a relocation grant until their primary state of residency is changed to North Carolina. Application must be submitted within 90 days of permanent address declaration.*

**3. The Relocation Grant Agreement must be completed, signed, and submitted within 1 month (30 days) of start date in order to receive the Relocation Grant. A copy of the completed agreement will be kept on file in the Nursing & Patient Care Services Recruitment Office.**

**4. Relocation money will be issued in one payment, (see section 2) and will be included in your regular paycheck. Payment will be processed within 6 weeks of hire date. The Relocation Grant is subject to all applicable state, federal, and FICA tax deductions.**

**5. If the employee voluntarily resigns, is terminated or transfers outside of an eligible position (within the Health System) before completing 12 months of full-time continuous service (30 hours or more .75 FTE or greater), he/she will be responsible for re-payment of grant money:**

- A. If the employee leaves Duke (under any of the conditions above) and is required to return the grant money within the same calendar year as it was received, the employee will be responsible for re-payment of grant money received, less taxes.
- B. If the employee leaves Duke (under any of the conditions above) and is required 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.
- C. It is the responsibility of the employee to make arrangements for repayment of the grant prior to terminating employment with Duke.

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

**Questions? Email us at [nurserelocationgrant@dm.duke.edu](mailto:nurserelocationgrant@dm.duke.edu).**





The Duke University Health System provides financial assistance to nursing staff physically moving to the area for full-time employment. Complete all required fields on application below and provide supporting documentation to the Nursing & Patient Care Services Recruitment office within first 30 days of employment.  
(Note: Acceptable forms of documentation include a driver's license from your state or origin.)

NAME: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

DEPARTMENT: \_\_\_\_\_ START DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ENTITY: \_\_\_\_\_

**Previous Address\*:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**Current Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**\*Forms will not be processed until new local mailing address is provided. If you have any additional questions, contact the Nursing & Patient Care Services Recruitment office at [nurserelocationgrant@dm.duke.edu](mailto:nurserelocationgrant@dm.duke.edu).**

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 am an experienced RN (at least 2 years professional work experience) and that I have relocated at least 75 miles within North Carolina or that I am a new grad RN or experienced RN who has 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 the Nursing & Patient Care Services Recruitment Office 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 \_\_\_ Date \_\_\_\_\_)

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 termination from Duke. 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 \_\_\_ Date \_\_\_\_\_)

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

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

I have received, read and understand the Relocation Grant Guidelines. (Initial \_\_\_ Date \_\_\_\_\_)

\_\_\_\_\_  
Printed Name Employee Signature Date

\_\_\_\_\_  
NRO Employee Witness Name Signature Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
New and previous addresses have been verified (i.e. driver's license or state identification card) \$ \_\_\_\_\_ Relocation amount  
Date Received: \_\_\_\_\_ NRPS Initial & Date \_\_\_\_\_  
Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_ Employee Notified \_\_\_\_\_