#

# REMOVAL AND ASSOCIATED EXPENSES

*Specialty Registrar (StR) and Core Training (CT)*

 *doctors and Dentists*

# INTRODUCTION

## Assistance with removal and associated expenses will be granted on appointment where it is agreed that it is necessary for the employee to move home to enable him/her to fulfil the duties of their new post.

In considering requests NHSGG&C must be satisfied that:

1. The removal of the employee’s home is necessary and arrangements proposed are reasonable.

2. The expenses claimed have been incurred, receipts are submitted and the expenses have not been reimbursed by any other source.

1. Employees commencing employment with NHSGG&C should be taking up a substantive post.
2. Employees who applied from overseas will only be reimbursed from point of entry into the

 United Kingdom.

1. All claims for reimbursement must be submitted within a period of **6 weeks from date of appointment.**

Doctors who are required to move house during a rotational training programme may receive reimbursement of removal expenses. You may, however, choose not to move home on taking up the second or subsequent posts in a rotation but to travel daily the greater distance between your home and the hospital. In such cases you may be paid excess travelling expenses at the appropriate rate.

**Length of Contract**

Depending on the individual circumstances, the organisation may require employees to repay all or part of the reimbursement paid if they leave within 2 years of the appointment, which gave rise to the expenses. The amount to be repaid would be reduced as the length of time the employee remains employed increases, e.g. if an employee leaves after 18 months service it would only be reasonable to reclaim 25% of the expenses paid. (See table below).

|  |  |
| --- | --- |
| **Length of Service** | **Percentage to be Repaid** |
| 0 – 6 Months | 100% |
| 6 – 12 Months | 75% |
| 12 – 18 Months | 50% |
| 18 – 24 Months | 25% |

Staff will therefore be asked to sign a certificate of undertaking to confirm they will remain with the organisation for 2 years. (Appendix 1)

The property that is purchased in the new area must be within reasonable daily travelling distance of the new workplace. If you do not intend to purchase a property immediately, you must confirm your intention to delay purchase, and purchase the property within 6 months of appointment.

**Maximum allowance and tax implications**

Maximum levels of assistance have been set dependent on whether the individual is moving only personal effects, only buying or buying and selling.

These are:

Category of Employee Maximum Entitlement

1. Moving Personal effects Only £2000

2. Selling Only £5000

3. Buying Only £5000

4. Selling and Buying £8000

**Tax Implication**

Removal expenses provided by the employer may be exempt from tax and NICs. The exemption is due to employees who change residence as a result of starting a new job. Under the rules there is relief which exempts from tax the first £8,000 of removal expense and benefits which qualify for the exemption. To qualify, removal expenses and benefits must fall within specific categories and benefits (see below), and the change of residence must satisfy a number of conditions.

The most important condition is that the employee must change his or her sole or main residence as a result of

* Starting a new employment
* a change of the duties of the employment, or
* changing the place where the duties are normally performed.

The old residence must not be within reasonable daily travelling distance of the new normal place of work.

All claims for additional assistance laid down within this guidance must be submitted within 6 months, however, to qualify for tax relief your removal expenses must be incurred before the end of the full tax year, which begins after the commencement in the new post.

The following assistance will be offered to prospective employees who are required to move home:-

##### (1) EXPENSES DURING SEARCH FOR ACCOMMODATION TO INCLUDE

**Preliminary Visit**

Employees who make a preliminary visit to the area of their new appointment in order to obtain accommodation may be granted expenses provided the employee has made the visit prior to taking up their appointment.

Expenses will be reimbursed for one preliminary visit. Subsistence allowance shall be payable for a total of 2 nights. Subsistence allowance shall be payable to the employee’s spouse (if applicable) at half the employees rate. Reimbursement will only be made on submission of receipts.

Where an employee uses a private car to make a visit, public transport mileage allowance will normally be appropriate. Second class rail fares or alternatively coach fares within the same costs should be allowed. Where an employee has chosen to travel by air, reimbursement of the amount of a second class rail fare would normally be made.

##### (2) REMOVAL AND STORAGE OF FURNITURE

##### (i) Removal of Furniture and Effects

Before the removal of the employee’s furniture and effects, an estimate of the cost of the removal should be approved. When furniture is to be removed by contractors, three competitive tenders in writing should be obtained wherever possible and submitted to the employer. While employees are at liberty to accept a tender other than the lowest, reimbursement should be restricted to the amount of the lowest tender except for good reasons to the contrary. The tenders should be subject to the conditions under which removals are ordinarily undertaken by contractors and should not cover special services, e.g, taking down or putting up fixtures, relaying or fitting carpets.

The approved expenditure to be reimbursed is:

The cost of removal from the old home to the new one of furniture and effects belonging to the employee or to dependant members of their household at the time of transfer. This may include pedal cycles and heavy but ordinary articles of furniture or garden equipment but if the removal of some special items involves special arrangements, the extra expense of the special arrangements should be met by the employee. Livestock or animals, other than domestic pets, should be conveyed at the employee’s own expense.

The cost of removal from the old home to store locally and then to the new home or, (where housing difficulties necessitate it or where items are wanted for immediate use in furnished temporary accommodation) of piecemeal removal. A receipt confirming payment of Removal Expenses must be submitted.

##### (ii) Storage of Furniture and Effects

Charges for the storage of such articles of furniture and effects should be reimbursed where the necessity for storage arises from the removal until such time as the employee moves into permanent unfurnished accommodation.

Any extra cost of insuring furniture in transit should be allowed up to the value for which it is ordinarily insured by the employee and the extra cost of insurance in store should be treated as part of the storage charges. A receipt confirming payment of storage charges must be submitted.

**(iii) Journey from Old home to New**

The cost of one journey from the old to the new home should be met for employees and their dependants. If the length of the journey warrants it, subsistence allowance shall be paid. The dependants for whom these expenses may be paid are the dependant members of the employee’s household. Receipts must be submitted.

If travel is made by motor car or motor cycle owned by the employee or his or her spouse, the public transport mileage rate should be paid, plus passenger allowance for each passenger whose fare would otherwise have been reimbursed. No allowance should be paid for travel by a motor vehicle owned by any other member of the household.

**(iv) Return Visit to Supervise Removal from Old Home**

The cost of one journey for employee or spouse/partner to supervise removal. Night subsistence is not payable when accommodation in the old area could have been used or the person has stayed with relatives.

**3. Expenses associated with disposal of property in old area**

3.1 **House sale expenses** – an owner/occupier in the old area of residence will be entitled to the following reasonable expenses connected to the sale and disposal of the property in the old area of residence.

* Solicitor’s fees for services connected with the sale, including legal expenses connected with the redemption of a loan or mortgage relating to the property.
* Estate Agents or auctioneer’s fees for services including marketing fees.
* Advertising costs.

3.2 **Continuing Commitments Allowance** – If you incur regular accommodation costs in the old area whilst paying accommodation expenses in the new area, you may claim payment of a Continuing Commitments Allowance for the lower amount. The costs which may be reimbursed are -

* Mortgage payments (which does not attract Income Tax relief)
* Insurance for the period
* Council Tax

The Continuing Commitments Allowance is payable for a maximum period of six months within the first year of appointment but NHS Greater Glasgow & Clyde will require to be satisfied at regular intervals that the employee is making all reasonable efforts to terminate the liabilities in the old area of residence.

**4 Expenses associated with the acquisition of new residence.**

To be entitled to these expenses the property must be acquired by the employee in full or in part.

4.1 **House Purchase Expenses** – The reimbursement of expenses arising from the purchase of property in the new area of residence will normally be made in full subject to betterment (see below). Legal and other expenses for purchasing property for owner/occupation in the new area, including VAT.

* Solicitor’s fees
* Fees payable to the Keeper of Registers
* Expenses in connection with mortgage or loan including Mortgage Indemnity Premium and guarantee fees.
* The costs of a private survey or inspection of the property.

4.2 **Betterment** - Where there is a demonstrable improvement in the standard of accommodation, payment of expenses will be related to a Notional Purchase Price or Rent (assessed by an independent Estate Agent).

4.3 **Abandoned purchase** – If you are an owner/occupier in the old area of residence, you may be entitled to reimbursement when you have incurred expenditure on a proposed purchase which does not take place (e.g. survey fees). These expenses will contribute to the overall limit. However, NHS Greater Glasgow & Clyde will need to be satisfied that the employee acted reasonably in not pursuing the purchase or had not proceeded with the intended purchase due to reasons out with their own control.

When claiming you should explain in full the circumstances which have led to the abandoned purchase. The limit on the number of claims for expenses for abandoned purchase is two.

If you wish to claim for any of the above, please complete the relevant sections of the Application form attached.

**NHS GREATER GLASGOW & CLYDE**

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

To allow processing of your claim, it is essential that you complete and return this undertaking, together with the first two forms attached.

#### NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: (MR, DR, MISS, MRS, MS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF NEW APPOINTMENT WITHIN NHSGG&C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BASE/SITE:

I wish to confirm that no other member of my family has received, or shall receive, payment of expenses from any other source for our relocation to a new home in the Glasgow area.

As a condition of receiving reimbursement of removal expenses, I undertake to remain in the employment of NHSGG&C for the duration of my contract. I understand that I may be asked to make repayment of the expenses received in part where I fail to keep this undertaking.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

EMPLOYMENT DETAILS ETC.

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE OF NEW POST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL-TIME OR PART-TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF CONTRACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BASE AND DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT TELEPHONE NUMBER & EXTENSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF INTERIM ACCOMMODATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### PREVIOUS APPOINTMENT

NAME OF EMPLOYER/HEALTH AUTHORITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIOR POSITION (PLEASE DETAIL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF COMMENCEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF TERMINATION: \_\_\_\_\_\_\_\_\_

PLEASE STATE IF PRIOR APPOINTMENT WAS A LOCUM Y/N:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### PERSONAL DETAILS

MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SINGLE WITH EQUIVALENT RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE SUPPLY A SEPARATE DETAILED EXPLANATION)

CHILDREN (IF APPLICABLE, PLEASE GIVE DATES OF BIRTH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I CERTIFY THAT THE FOREGOING PARTICULARS ARE CORRECT

#### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOMMODATION:

OLD PROPERTY NEW PERMANENT PROPERTY

ADDRESS: ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RENTED/FURNISHED/UNFURNISHED RENTED/FURNISHED/UNFURNISHED

SELLING/ASKING PRICE: £ \_\_\_\_\_\_\_\_\_\_\_\_\_ PURCHASING PRICE: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EFFECTIVE DATE OF COMPLETION DATE OF COMPLETION

OF SALE OF PURCHASE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFICATION OF ACCOMMODATION:

Details and photographs as supplied by an Estate Agent/Lawyer should be forwarded if available, otherwise, the information requested below should be completed and photographs of both properties enclosed.

 OLD NEW

Detached/Semi-Detached/Terraced/Flat \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Apartment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchen \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lounge \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dining \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Bedrooms \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bathroom/Toilet (Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garage/Car Port \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Heating \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Age of Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., Brick, Timber Frame, Sandstone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

PRELIMINARY VISIT

Expenses are reimbursable only when the officer has made a visit to the new area to search for accommodation prior to taking his/her new appointment. Reimbursement for accommodation will not be paid without receipted costs.

Please ensure that you state the exact dates and time of departure from and return to old home.

Please submit receipts, where applicable.

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOMPANIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Spouse/Partner/Children)

DATE AND TIME OF LEAVING HOME IN OLD AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AND TIME OF RETURNING HOME TO OLD AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID YOU REQUIRE TO PAY FOR ACCOMMODATION AND/OR MEALS: YES/NO

IF YES, WAS THE ACCOMMODATION N.H.S.? YES/NO

##### TRAVEL

PUBLIC TRANSPORT (Detail means of travel and cost, e.g, Rail, Air etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVATE VEHICLE:

WAS LEASED CAR USED (PLEASE DELETE) YES/NO

RETURN MILEAGE OLD AREA TO GLASGOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL MILEAGE IN GLASGOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

###### REIMBURSEMENT OF REMOVAL EXPENSES

Three estimates from Contractors must be enclosed and, where storage is required, estimates must also indicate these charges. A receipted account must be submitted when claiming removal costs.

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DATE OF REMOVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Tenders Old Home Old Home Store to StorageSubmitted by to New Home to Store New Home Charges (Cost + Insurance Charges)1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL £ |
| 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL £ |
| 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL £ |

NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

##### JOURNEY FROM OLD TO NEW HOME

The cost of one journey from the old to the new home will be reimbursable for employees and their dependants. *Receipts must be submitted.*

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did dependants remain in old area after you took up post?

Please delete: YES/NO

##### DETAILS OF JOURNEY

Officer Date and time of leaving Old Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and time of arriving New Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Public Transport/Cost

 (e.g., 2nd Class Rail/Train Fare) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Private Vehicle/Mileage

 (e.g., Car/150 miles ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Was Leased Car Used (Please delete) YES/NO

Dependants Please detail

 (e.g., Spouse/Partner/Children) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and time of leaving Old Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and time of arriving New Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Public Transport/Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Private/Vehicle/Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

**RETURN VISIT TO SUPERVISE REMOVAL FROM OLD AREA**

Expenses can only be reimbursed for employee or spouse/partner. Night subsistence is not payable when accommodation in the old area could have been used or the person has stayed with relatives.

NAME: (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of leaving Glasgow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of arriving at Old Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of leaving Old Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of arriving in Glasgow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Transport/Cost

(e.g., 2nd Class Rail/Train Fare) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Vehicle/Mileage

(e.g., Car/150 miles ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Leased Car Used (Please delete) YES/NO

NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

COSTS ASSOCIATED WITH HOUSE SALE

If you wish to reclaim these costs please attach documentation verifying the selling price of your property.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please attach a statement of fees from Solicitors/Estate Agents: |  £  |  p |
|  | - Legal fees £  |  |  |
|  |  |  |  |
|  | - Mortgage charges etc £ |  |  |
|  |  |  |  |
|  | - Agent fees £ |  |  |
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COSTS ASSOCIATED WITH HOUSE PURCHASE

|  |
| --- |
| These costs will only be reimbursed if you have a house to sell. If you wish to reclaim these costs please attach documentation verifying the purchasing price of your property. Please attach a statement of fees from solicitors detailing the legal and other expenses of the purchase. |
|  |

|  |  |  |
| --- | --- | --- |
|  | - Legal fees £ |  £ p  |
|  |  |  |  |
|  | - Survey fees £ |  |  |
|  |  |  |  |
|  | - Mortgage fees £ |  |  |
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NHS GREATER GLASGOW & CLYDE

APPLICATION FOR REIMBURSEMENT OF REMOVAL AND ASSOCIATED EXPENSES

**CONTINUING COMMITMENT ALLOWANCE/ ALLOWANCE DURING SEARCH FOR ACCOMMODATION**

|  |  |  |
| --- | --- | --- |
|  |  |  £ p  |
|  |  |  |  |
|  | Please provide evidence of cost for accommodation in the Old Area, and cost of Accommodation in the new Area. This is normally copies of Bank Statements |  |  |
|  | Please state duration of Claim |  |  |
|  |  |  |  |
|  | From ………………………….. To ………………………… |  |  |
|  |  |  |  |
|  | Please provide evidence that you were/are making all reasonable efforts to terminate the liabilities in the old area of residence |  |  |
|  |  |  |  |
|  | Cost of Accommodation in Old Area |  |  |
|  | Cost of Accommodation in the New Area |  |  |
|  |  |  |  |
|  | Please note the maximum duration of this claim is 6 months. |  |  |
|  |  |  |  |

 **NHS GREATER GLASGOW & CLYDE** 

 **HOSPITAL MEDICAL AND DENTAL STAFF**

As a result of my appointment as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with NHS Greater Glasgow & Clyde, which commenced on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have recently submitted my claim for removal expenses.

I understand as a condition of receiving payment of these expenses to remain within the service of NHS Greater Glasgow & Clyde (or another West of Scotland health Board for a period of not less than two years from the date of appointment.

I understand should I break the undertaking, the Board will call upon me to refund the proportion of the expenses paid, pro-rata (75% after 6 months, 50% after 1 year, and 25 % after 18 months) to the time spent in employment, and I hereby agree to make any such repayment according to an agreed repayment plan when requested.

I also agree that, in the event of a failure by me to agree a repayment plan, the Board may without any further agreement deduct the amount owed from my salary/wage payments that are due during my notice period.

Date of Appointment:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Expiry of undertaking

To stay in the Service of NHS

Greater Glasgow & Clyde \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or other WoS HB)

Signed:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_