

 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> <i>Quality Healthcare for All</i></p> <p><b>PROCEDURE</b></p>	<p><b>Department:</b></p> <p>Human Resources</p>	<p><b>Procedure No.:</b></p> <p><b>HR 0005B</b></p>
		<p><b>Supersedes Procedure No.:</b></p>
<p><b>Subject:</b></p> <p><b><i>Transfer/Relocation Assistance</i></b></p>	<p><b>Approved By:</b></p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: President &amp; CEO</p>	<p><b>Approved Date:</b></p> <p>September 23, 2021</p> <p><b>Last Reviewed:</b></p> <p>January 26, 2021</p>

**I. PURPOSE:**

To establish procedures for the administration of the Transfer/Relocation Assistance for Eligible Employees who are relocated at the request and convenience of the Hawaii Health Systems Corporation (HHSC).

**General Description:** Significant transfer/relocation expenses may be incurred in the transfer or relocation of Eligible Employees. Such transfer or relocation needs should be anticipated, identified, evaluated and approved in advance of any move. Once approved, the transfer/relocation process shall be managed in the most cost-effective and mutually agreeable manner possible.

**II. PROCEDURES:**

- A. Upon identifying an Eligible Employee, the Facility Administrator or designee shall discuss the prospective move with the respective PCEO, RCEO, or their respective designee (as appropriate) and determine the relocation needs of an Eligible Employee that is the most practical and cost-effective.
- B. The respective PCEO, RCEO, or designee shall review and evaluate the cost of the move to determine whether it is in the financial interests of both HHSC and the Eligible Employee to proceed with the transfer or relocation. If such transfer or relocation proceeds, the respective PCEO, RCEO, or designee shall obtain necessary approval signatures in advance of the move. Section III, below, sets forth the "Eligible Relocation Expenses" and limitations.
- C. Upon receiving all necessary transfer or relocation approvals, the Corporate Human Resources Department or Regional Human Resources (RHR) department shall confirm the job offer and approved relocation benefits with the Eligible Employee. A written letter of understanding shall be sent to the Eligible Employee to sign and return to the VP & Chief Human Resources Officer (VP/CHRO) or Regional Chief Human Resources Officer (RCHRO). The letter shall include a listing of the Eligible Expenses and a copy of the Relocation Expenses Repayment Agreement Form (Attachment 1), a copy of which is attached hereto.
- D. Eligible Employee shall be solely responsible for coordinating all moving needs (via shipping and moving company, etc.). Receipts of the expenses incurred shall be required to receive reimbursement for Eligible Expenses. The respective PCEO, RCEO or designee may authorize, at their discretion, direct billing for the approved transfer/relocation expenses.

The Eligible Employee shall complete the Relocation Expense Form (Attachment 2), attached hereto, and attach all applicable receipts to the Relocation Expense Form to support reimbursement. The Relocation Expense Form and receipts shall be submitted to the VP/CHRO or RCHRO as soon as practical or as set forth in the letter of understanding.

- E. The VP/CHRO or RCHRO, upon review of the Relocation Expense Form (Attachment 2) and receipts, shall obtain the necessary approvals from the respective PCEO, RCEO or designee and forward the approved form to the respective finance department. Reimbursements to the Eligible Employee and payments to third parties, on behalf of Eligible Employee, shall be made by the finance department.
- F. The Finance and Payroll Office shall summarize each Eligible Employee's moving expenses (year-end) and make the necessary tax statements, applicable deductions and allowances as required. Copies of all supporting documentation shall be provided to the employee who requests such documents for tax filing purposes.
- G. In the event the Eligible Employee voluntarily leaves HHSC within 12 months of the date of transfer or hire date, the employee shall re-pay to HHSC the Eligible Expenses in the pro-rated amount for the cost of relocation expenses, including those paid to a third party or at the discretion of the PCEO, RCEO or designee. Refer to the Relocation Expenses Repayment Agreement (Attachment 1).

### **III. Eligible Relocation Expenses:**

- A. The following is a list of Eligible Expenses covered under the Transfer/Relocation Assistance policy. Expenses not on this list shall be pre-approved by the respective PCEO, RCEO or designee:
  - 1) Packing and transport/shipment of household goods;
  - 2) Local storage of household effects;
  - 3) Shipment of an automobile;
  - 4) Airfare for employee, spouse, and dependent children;
  - 5) Rental car at new location while waiting for personal car to arrive;
  - 6) Temporary and reasonable housing; includes hotel or housing rental fees only; meals and other incidentals are the employee's responsibility and expense.
- B. The above expenses shall be payable or reimbursed to the eligible new hire or employee (or third party) as soon as practicable after the Relocation Expense Form has been completely and accurately completed, reviewed by the VP/CHRO or RCHRO as applicable. There shall be no exceptions to the above-listed Eligible Expenses unless approved in advance by the respective PCEO, RCEO or designee.

### **IV. ATTACHMENT(S):**

Attachment 1: Relocation Expenses Repayment Agreement  
Attachment 2: Relocation Expense Form



# HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

*Quality Healthcare For All*

## **TRANSFER/RELOCATION EXPENSES REPAYMENT AGREEMENT**

This Transfer/Relocation Expense Repayment Agreement (the "Agreement") dated \_\_\_\_\_, 20XX is between Hawaii Health Systems Corporation (HHSC) and \_\_\_\_\_ ("you", "I", or "Eligible Employee").

HHSC agrees to reimburse or pay the authorized moving expenses to the island of \_\_\_\_\_ in the State of Hawaii for expenses that are deductible under applicable IRS Regulations after submission of appropriate and satisfactory documentation, subject to the following conditions:

In return for HHSC providing transfer/relocation assistance in the sum of \$\_\_\_\_\_, I agree to remain in my assigned position at (Name of Facility) of HHSC, for one year from either the date of my transfer from one HHSC facility to another or upon the commencement of my employment with HHSC. HHSC and Eligible Employee agree that the period of one (1) year commences on \_\_\_\_\_, 20\_\_ and continue through \_\_\_\_\_, 20\_\_.

If I resign before the expiration of the 1-year period, I shall repay to the account of (Name of Facility), HHSC, a pro-rated amount of the total Transfer/Relocation Assistance that I received from HHSC based on the number of whole months I have performed as a (Job Title) at (Name of Facility). I agree to repay HHSC the outstanding amount due to HHSC within thirty (30) days of the effective date of termination. If applicable, repayment to HHSC shall be by payroll deduction and I hereby authorize such deduction(s).

I understand that this Agreement is not an employment contract and does not modify or amend the nature of my employment. I also understand that HHSC is not responsible for any losses of any kind to my property or for personal injuries resulting from or arising out of my transfer/relocation.

The following schedule shall be used in calculating the total amount of money I owe HHSC consistent with the terms of HR 0005A, HR 0005B, and this Agreement:

<u>No. of whole completed months employed prior to resignation</u>	<u>Repayment Amount</u>
1 month	92% (11/12)
2 months	83% (10/12)
3 months	75% ( 9/12)
4 months	67% ( 8/12)
5 months	58% ( 7/12)
6 months	50% ( 6/12)
7 months	42% ( 5/12)
8 months	33% ( 4/12)
9 months	25% ( 3/12)
10 months	17% ( 2/12)
11 months	8% ( 1/12)

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Name of Employee (Print)

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Signature of Employee

Date

Relocation Expense Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

New Position/Job Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Vendor/Company	Covered Expense	Cost	Reimbursement	Direct Billing
TOTAL: \$				

Total to be reimbursed to employee: \$ \_\_\_\_\_ Payment to 3<sup>rd</sup> party: \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Approvals (as applicable):

\_\_\_\_\_  
PCEO, REGIONAL CEO, or designee

\_\_\_\_\_  
Date

Please attach all applicable receipts and invoices.