

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

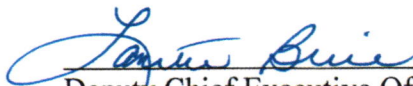
POLICY NUMBER: 4521-18

SUBJECT: Relocation Expenses

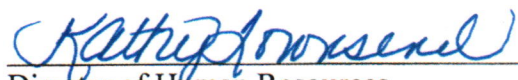
CONTENT: Policy and Procedures for Payment of Relocation Expenses  
for Transferred and Newly Hired Employees

EFFECTIVE DATE: Revised: November 16, 1998  
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Reviewed: December 18, 2018

INQUIRES TO: Human Resources Administration  
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\_\_\_\_\_  
Deputy Chief Executive Officer  
LSU Health Care Services Division

12/21/18  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director of Human Resources  
LSU Health Care Services Division

12/18/18  
\_\_\_\_\_  
Date

**POLICY ON RELOCATION EXPENSES FOR TRANSFERRED  
AND NEWLY HIRED EMPLOYEES**

I. Policy

The LSU Health Care Services Division (HCSD) will reimburse or pay certain reasonable and necessary expenses arising from appointment/transfers requiring relocation of certain full-time employees and certain newly hired employees on a basis equitable to the employee and to the Department, provided that the relocation takes place within a reasonable period not to exceed six (6) months from the effective date of the appointment. The benefits authorized are limited to those described within this policy.

No relocation benefits will be paid except upon written prior approval from the HCSD Deputy CEO or designee.

II. Purpose

It is recognized that in the effort to attract and recruit individuals to key positions within the HCSD it is often necessary to provide for moving expense reimbursements for the reasons listed below.

- A. To permit the Division to promote or reassign key personnel into high impact positions where deemed necessary to increase efficiency and improve services.
- B. To enhance the placement of qualified persons in "hard to fill" or high impact (critical) positions which could not otherwise be filled without paying the relocation expenses.
- C. To attract and place better qualified, more desirable employees/persons in highly professional and administrative positions and in those positions requiring exceptional skills.
- D. To help fill those vacancies in remote and out-of-the-way areas.

III. Coverage

This policy shall cover all persons who meet the provisions thereof without regard to religion, race or national origin, sex, age, handicap, or any other non-merit factors.

IV. Applicability

This policy shall be applicable to the HCSD Administrative Office (HCSDA) and Lallie Kemp Medical Center (LAKMC).

The following positions are covered under this policy:

- A. Hospital Administrators

- B. Hospital Medical Directors
- C. Senior Administrative Staff
- D. Physicians
- E. Senior Clinical Staff
- F. Hard to fill/shortage positions

V. Exceptions

Exceptions to this policy must be requested in advance in writing and approved by the Deputy CEO or designee. These exceptions are to be limited to the recruitment of positions which are critical to the operations and where recruiting difficulties are documented.

VI. Procedures

A. Moving Expenses

Expenses for moving personal effects of authorized persons are paid by Armstrong Relocation and billed to the LSU System. As expenses are incurred, the newly hired employee provides the required receipts to Armstrong Relocation who pays the service provider and then bills the Business Unit. The expense management process is controlled by the approved relocation authorization form which lists the specific relocation benefits authorized by HCSD Headquarters.

All expense reimbursements must be in accordance with HCSD policy. Relocation expense reimbursements paid by HCSD are limited to an amount not to exceed one tenth of the employee's annual base salary. The individual will be billed directly for any remaining balance that exceeds the HCSD authorized amount (if applicable).

1. The Business Unit will send a formal memo to HCSD Deputy CEO or designee requesting approval to pay relocation expenses. HCSD Headquarters will then send the Business Unit the appropriate Relocation Authorization Form.
2. The Hospital Human Resources Department completes the Relocation Authorization Form to include the Hospital Administrator signature and returns the form to HCSD Human Resources Administrator for final review and signature.
3. HCSD HR Department will send the information to facilitate the move to Armstrong Relocation. The Hospital Human Resources Department will explain the relocation services to the employee and the services for which they qualify.
4. The Armstrong account manager will contact the individual to assess their moving needs and facilitate the relocation.

B. Household Goods

1. Armstrong Relocation will select the moving company to assist with the movement of household goods. Armstrong Relocation will offer creative solutions to reduce moving costs to assist the individual in staying within the amount allowable for the move. These solutions may include self-packing, utilizing used packing material, and self-loading truck.
2. Special services such as antiques and other items of significant value must be approved by HCSD Deputy CEO or designee in advance, and supporting documents (insurance appraisals) are required for verification of the value of each item. Armstrong Relocation will also assist with the claims settlement process should damage occur during the shipping process.
3. In-transit expenses will be reimbursed based on reasonable costs incurred for the most direct route. Such expenses must be supported by original receipts. While State Travel Regulation reimbursement rates may be exceeded, the travel regulation rates will be used as a guideline or standard of reasonableness. Cost of travel by car for use in transporting a new employee, member of their household, or moving household items to their new residence may be by actual expenses such as gas and oil receipts, or the standard mileage rate allowed by the Internal Revenue Service (Publication 521, Moving Expenses) plus tolls and parking fees. Receipts are required.

VII. Income Tax Consideration

Employees must sign and forward the Certification for Moving Reimbursement Form (Attachment A) certifying that they have not and will not Claim an income tax deduction for any of the moving expenses reimbursed by the HCSD

This statement should be forwarded to the HCSD Human Resources Administrator for submission to the Comptroller.

**Attachment A**

**CERTIFICATION FOR MOVING REIMBURSEMENT**

I, (print) \_\_\_\_\_, have not and will not claim an income tax deduction for any of the moving expenses reimbursed by the LSU Health Care Services Division during my relocation for employment purposes.

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

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

This signed statement should be forwarded to HCSD Headquarters prior to moving household goods.

**AN EQUAL OPPORTUNITY EMPLOYER**