

**NURSING STRATEGY – NEW GRADUATE TRANSITION ADJUSTMENT ALLOWANCE – EMPLOYER ANNUAL REPORT FORM**

Requested by: \_\_\_\_\_  
 (name of organization/facility)

for reimbursement of New Graduate Transition Adjustment Allowance funds provided to eligible students graduating: \_\_\_\_\_ (year)

EMPLOYEE'S NAME	DATE OF EMPLOYMENT	PROJECTED DATE RETURN-IN-SERVICE AGREEMENT COMPLETED	UNIVERSITY PROGRAM	AMOUNT OF ALLOWANCE
			<b>Total Box A</b>	

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Repayments received as per 5.1.5 of the New Graduate Transition Adjustment Allowance Policy.

NAME OF ALLOWANCE RECIPIENT	REASON RETURN-IN-SERVICE AGREEMENT WAS NOT COMPLETED	AMOUNT REPAID
		<b>Total Box B</b>

<i>TOTAL BOX A</i>	
<i>– TOTAL BOX B</i>	
<b>= TOTAL FUNDING REQUESTED</b>	

Employer verification: I certify that the amounts in this claim meet the terms and conditions as outlined in the DoH Policy *Nova Scotia's Nursing Strategy: New Graduate Transition Adjustment Allowance*.

Name *(please print)*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOH USE ONLY**

Date Received:

Authorized Signature: