NURSING STRATEGY – NEW GRADUATE TRANSITION ALLOWANCE – EMPLOYER ANNUAL REPORT

Requested by: _____
(name of organization/facility)

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

EMPLOYEE NAME	DATE OF EMPLOYMENT	END DATE OF RETURN-IN-SERVICE PERIOD	UNIVERSITY and PROGRAM	AMOUNT OF ALLOWANCE
			Subtotal A	

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

NAME OF ALLOWANCE RECIPIENT	REASON RETURN-IN-SERVICE AGREEMENT WAS NOT COMPLETED	AMOUNT REPAID
	Subtotal B	
	TOTAL FUNDING REQUEST (A-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 Allowance.*

Name *(please print)*: _____ Signature: _____ Date: _____