

Vanderbilt Medical Center

Lodging Program Authorization Form

Employee Name: _____ Employee ID # _____ Department: _____
Employee Home Address: _____
Manager/Administrator: _____

ELIGIBILITY:

- Must be a current full-time, part-time, or PRN Vanderbilt Medical Center Employee
- Commute a distance of at least 50 miles (one way- based on home address and verifiable via GPS)
- Must be scheduled to work at least one eight (8) hour shift or be "on-call"
- Must be in a direct patient care RN or LPN position with department manager's approval. (Exempt staff in direct care roles must have direct supervisor and CSRC manager review and approval).

VMC GUIDELINE:

- Employee must fully complete and return "Lodging Form" (including appropriate documentation) prior to usage of lodging benefit (except in instances of Inclement Weather as described in policy OP 30-10.12) and annually.
- The employee is eligible for no more than one night's lodging for one shift worked. If the employee does not check out per this agreement, the employee is responsible for the full room rate.
- The portion paid by Vanderbilt is considered a taxable benefit; employees will see this reflected in their payroll information approximately one month after the qualified stay.

VANDERBILT CONTRACTED HOTEL GUIDELINES:

- Holiday Inn Select on West End, Best Western of Brentwood (formerly Steeplechase Inn) and Studio Plus of Brentwood are the only contracted hotels. The employee pays half of the contracted rate for each day's stay and Vanderbilt is billed the remaining amount. Employee must present VMC ID badge at check in.
- VMC pays for the cost of the lodging only. Remainder of the room and expenses will be directly billed to the employee.
- Employee is responsible for contacting the hotel to make a reservation.
- Reservations should be made as far in advance as possible and employee should inform the hotel representative of estimated arrival and departure times as soon as their schedule is posted.
- VMC is unable to guarantee that rooms will be available at the hotels. Early reservations are suggested to increase the likelihood of availability.
- Employee must cancel at least 24 hrs in advance in order to not be responsible for entire room rate. Employee should retain the cancellation number for their records.

I have read and understand all program guidelines and that the amount paid by VMC is considered taxable income by the IRS and will be reported on my W2 statement. Social Security and Medicare deductions will be taken.

I also understand that the employee's conduct in his/her private as well as professional life should be consistent with the responsible image that VMC wants to project to patients, visitors, and the general community. The terms of this program may change without notice. The agreement terminates when employment ends or employee fails to meet eligibility criteria.

Employee Signature: _____ Date Signed: _____
Manager Approval: _____ Date Signed: _____
CSRC Approval: _____ Date Signed: _____

The original will be maintained in employee's departmental file. Two copies will be made for the following: employee and Lodging Administrator (Fax 936-0298)