

**SECRETARY OF BUDGET AND MANAGEMENT  
SALARY GUIDELINE AND PROCEDURE**

**REGISTERED NURSE HIRING BONUS PROGRAM**

**Effective January 1, 2018 – December 31, 2020**

**I. Purpose**

This program is designed to enhance agency efforts in the hiring of new qualified nursing employees to fill vacancies in non-temporary positions by providing a bonus of \$1,000 to eligible employees in calendar years 2018, 2019 and 2020.

**II. Scope**

This bonus shall apply only to qualified registered nurse employees. A qualified registered nurse is a non-temporary employee who holds a classification listed in Appendix A of this document and who meets the eligibility requirements under Section III below.

The bonus shall not apply to:

1. Current temporary (contractual or emergency) or agency employees; or
2. Employees who fail to meet the eligibility requirements under Section III below.

**III. Bonus Eligibility and Payment**

1. In order to receive the hiring bonus, the employee must have successfully passed probation or received an overall Satisfactory rating on the employee's most recent performance rating.
2. In order to receive the hiring bonus, a qualified employee must have received no disciplinary action beyond a written reprimand during the first 6 months of the employee's employment.
3. The hiring bonus shall be paid in a lump sum after six (6) months of satisfactory employment.
4. The hiring bonus will be paid only to employees who are in active employment status at the time the bonus payment is processed. If the employee leaves State service before payment of the hiring bonus is due the employee forfeits the bonus.
5. If an eligible employee transfers from one unit to another during the measurement period, the employee's current unit will pay the bonus if the employee qualifies for it.
6. A qualified employee may receive both a hiring bonus and a bonus pursuant to the Registered Nurse Retention and Attendance Bonus Program if the employee meets the eligibility requirements for both bonuses.

**Notes:**

1. Bonuses will be prorated for part-time employees.

2. A payment made pursuant to the Registered Nurse Hiring Bonus will affect the regular rate of pay for the purposes of calculating overtime for FLSA non-exempt employees. A new hourly rate must be calculated to include the full amount of the bonus. The difference between the recalculated rate and the normal base rate must be applied to any overtime worked during the measurement period.
3. Neither Family Medical Leave Act qualifying leave nor absences due to approved accident leave may be considered when calculating occurrences in determining an employee's eligibility for a bonus pursuant to the Registered Nurse Hiring Bonus Program.

#### **IV. Funding**

The State of Maryland shall fund the Hiring Bonus Program for calendar years 2018, 2019 and 2020.

#### **V. Payroll Procedures**

1. Payment of the bonus shall not be subject to retirement deductions.
2. The bonus shall be entered in the Statewide Personnel System within 30 calendar days from the close of the measurement period.

#### **VI. Audit**

Agencies are expected to maintain adequate records for all bonuses paid. Records of bonuses paid shall include the time period for which the bonus was made, verification that the employee met the PEP and disciplinary action criteria, and the amount of the bonus paid. Agency records will be subject to audit by the Department of Budget and Management and agency internal auditors.

#### **VII. Authority**

Annotated Code of Maryland, State Personnel and Pensions Article, Title 3, Section 3-502(a).

Approved:

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David Brinkley  
Secretary  
Department of Budget and Management

**NURSING RETENTION AND ATTENDANCE BONUS PROGRAM  
QUALIFYING CLASSIFICATIONS**

Assistant Director of Nursing  
Assistant Director of Nursing Medical  
Assistant Director of Nursing Perkins  
Assistant Director of Nursing Psychiatric  
Clinical Nurse Specialist  
Clinical Nurse Specialist Medical  
Clinical Nurse Specialist Perkins  
Clinical Nurse Specialist Psychiatric  
Community Health Assistant Director of Nursing  
Community Health Assistant Director of Nursing I  
Community Health Assistant Director of Nursing II  
Community Health Nurse I  
Community Health Nurse II  
Community Health Nurse Program Manager  
Community Health Nurse Program Supervisor  
Community Health Nurse Supervisor  
Community Health Nurse Psychiatric  
Director of Nursing  
Director of Nursing Medical  
Director of Nursing Perkins  
Director of Nursing Psychiatric  
Health Facilities Surveyor Nurse I  
Health Facilities Surveyor Nurse II  
Home Health Nurse  
Home Health Nurse Supervisor  
Medical Services Reviewing Nurse I  
Medical Services Reviewing Nurse II  
Medical Services Reviewing Nurse Supervisor  
MSD Registered Nurse  
Nurse Practitioner Psychiatric MDH  
Nurse Practitioner/Midwife I  
Nurse Practitioner/Midwife II  
Nurse Practitioner/Midwife Supervisor  
Nursing Education Supervisor  
Nursing Education Supervisor Perkins  
Nursing Instructor  
Nursing Instructor Perkins  
Nursing Program Consultant/Administrator I  
Nursing Program Consultant/Administrator II  
Nursing Program Consultant/Administrator III  
Nursing Program Consultant/Administrator IV  
Registered Nurse  
Registered Nurse Perkins  
Registered Nurse Charge  
Registered Nurse Charge Medical  
Registered Nurse Charge Perkins  
Registered Nurse Charge Psychiatric  
Registered Nurse Manager Medical  
Registered Nurse Manager Perkins  
Registered Nurse Manager Psychiatric  
Registered Nurse Quality Improvement Medical  
Registered Nurse Quality Improvement Psychiatric  
Registered Nurse Supervisor  
Registered Nurse Supervisor Medical  
Registered Nurse Supervisor Perkins  
Registered Nurse Supervisor Psychiatric  
Respiratory Care Nurse

**NURSING RETENTION AND ATTENDANCE BONUS APPLICATION FORM**

\_\_\_\_\_ Agency Budget Code \_\_\_\_\_ PIN \_\_\_\_\_

Qualifying Classification: \_\_\_\_\_

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

Employee Identification Number: \_\_\_\_\_

\_\_\_\_\_ Amount of Bonus \_\_\_\_\_ Date of Bonus Payment \_\_\_\_\_

I certify that \_\_\_\_\_ has no more than 2 undocumented, unscheduled absences during the measurement period from \_\_\_\_\_ to \_\_\_\_\_.

Dates of Unscheduled Absences: \_\_\_\_\_ ; \_\_\_\_\_ .

\_\_\_\_\_  
Agency Payroll/Timekeeping Authorization

I certify that the employee has met all the requirements of the bonus program.

\_\_\_\_\_ Signature of Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_