Household Moving Allowance*
State of South Dakota

*For moves less than 50 miles only

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

☐ State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.

☐ Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than **5:00 p.m. CT on the Thursday prior to the Board of Finance meeting.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Name of Applicant _____ New Position Title _____ Agency Employed By _____

Yearly Salary _____ City, State Moving From _____ New Post of Duty (City) _____ Expected Month/Year of Move _____

Bureau of Human Resources Class Code _____

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant _____ Date _____

Authorization

☐ The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Name of Authorized Agent _____ Position/ Title of Authorized Agent _____

Signature of Authorized Agent Date _____ Agency of Authorized Agent _____

Approval by State Board of Finance

Approved by the State Board of Finance on _____ Date _____ Signature of Secretary, State Board of Finance

Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.