

# 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 eight days prior to the Board of Finance meeting on the third Tuesday of the month.**

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.**