

## Household Moving Allowance State of South Dakota

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

Scott Allbee

Name of Applicant

Information Technology Specialist

New Position Title

Dakota State University

Agency Employed By

\$71,500.00

Yearly Salary

Aberdeen, SD

City, State Moving From

Madison, SD

New Post of Duty (City)

February 2018

Expected Month/Year of Move

10726

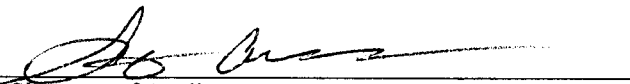
Bureau of Human Resources Class Code

02/26/2018 (Adj Service 10/21/1987)

Employment Date with the State.

NO RECORD IN SERVICE

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

2-26-18  
Date

### Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the 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 the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Stacy Krusemark  
Name of Authorized Agent

VP Business & Admin  
Position/ Title of Authorized Agent

 2-27-18  
Signature of Authorized Agent Date

DSU  
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

Household Moving Allowance
State of South Dakota

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FEB 23 2018

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Please check one:

- [X] 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.

S.D. SEC. OF STATE

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Application

Connor Olson Assistant Park Manager Game, Fish and Parks
Name of Applicant New Position Title Agency Employed By
\$34,452 Hot Springs, SD Shadehill January 2018
Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move
51023100 February 24, 2017
Bureau of Human Resources Class Code Employment Date with the State

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.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

[Signature] January 29, 2018
Signature of Applicant Date

Authorization

[X] The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the 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 the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Kelly R. Hepler Cabinet Secretary
Name of Authorized Agent Position/ Title of Authorized Agent
[Signature] 2/22/18 Game, Fish & Parks
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

Household Moving Allowance  
State of South Dakota

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MAR 08 2018

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Application

Kevin Robling  
Name of Applicant

Special Projects Coordinator SDG-FP  
New Position Title Agency Employed By

\$64,936.00 Rapid City, SD  
Yearly Salary City, State Moving From

Pierre Dec 17 - Feb 18  
New Post of Duty (City) Expected Month/Year of Move

L-5 E40-2400  
Bureau of Human Resources Class Code

Sept 1, 17  
Employment Date with the State

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]  
Signature of Applicant

3-8-18  
Date

Authorization

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Kelly R. Hepler  
Name of Authorized Agent

Cabinet Secretary  
Position/ Title of Authorized Agent

[Signature] 3/8/18  
Signature of Authorized Agent Date

Game, Fish & Parks  
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

**Household Moving Allowance  
State of South Dakota**

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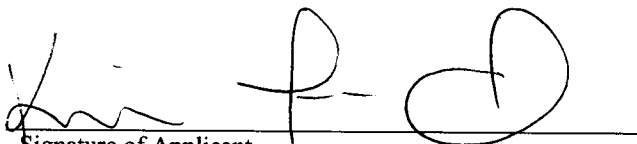
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**Application**

|   |   |   |
|---|---|---|
| <u>Kevin Ford</u><br>Name of Applicant                                    | <u>Accountant</u><br>New Position Title             | <u>BFM</u><br>Agency Employed By              |
| <u>\$41,115</u><br>Yearly Salary  | <u>Pierre, SD</u><br>New Post of Duty (City)        | <u>02/2018</u><br>Expected Month/Year of Move |
| <u>Box Elder, SD</u><br>City, State Moving From                           | <u>02/20/2018</u><br>Employment Date with the State |   |
| <u>801011 Exempt Accountant I</u><br>Bureau of Human Resources Class Code |   |   |

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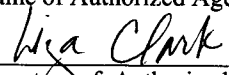
  
Signature of Applicant

02/28/2018  
Date

**Authorization**

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the 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 the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Liza Clark  
Name of Authorized Agent

 02/28/2018  
Signature of Authorized Agent Date

Commissioner  
Position/ Title of Authorized Agent

Bureau of Finance and Management  
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





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MAR 09 2018

S.D. SEC. OF STATE

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#### Application

Bramwell Brizendine

Name of Applicant

Assistant Professor of Computer & Cyber Sciences

New Position Title

Dakota State University

Agency Employed By

\$85,000.00

Walla Walla, WA

Madison, SD

July 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

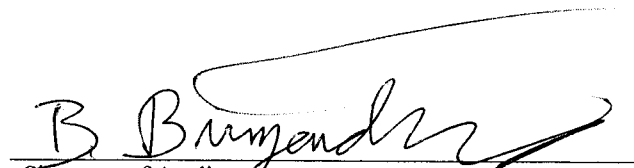
00800

08/22/2018

Bureau of Human Resources Class Code

Employment Date with the State

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Signature of Applicant

Feb. 28, 2018

Date

#### Authorization

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Sacy Krusemark

Name of Authorized Agent

VP Business + Admin Services

Position/ Title of Authorized Agent

Sacy Krusemark 3-5-18

Signature of Authorized Agent

Date

DSU

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





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## Application

Rebecca Peterson  
Name of Applicant

Director of Housing  
New Position Title

SDSU  
Agency Employed By

90,000  
Yearly Salary

Plaver, WI  
City, State Moving From

Brookings, SD  
New Post of Duty (City)

Jan/Feb. 2018  
Expected Month/Year of Move

00344  
Bureau of Human Resources Class Code

2/7/18  
Employment Date with the State

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Rebecca Peterson  
Signature of Applicant

2/28/18  
Date

## Authorization

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\_\_\_\_\_  
Name of Authorized Agent

\_\_\_\_\_  
Position/ Title of Authorized Agent

[Signature]  
Signature of Authorized Agent

\_\_\_\_\_  
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

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## Application

|                                      |                                    |                             |
|--------------------------------------|------------------------------------|-----------------------------|
| Dmitry Suspitsyn                     | Director of Institutional Research | SDSU                        |
| Name of Applicant                    | New Position Title                 | Agency Employed By          |
| \$89,000                             | Hilliard, OH                       | Brookings, SD               |
| Yearly Salary                        | City, State Moving From            | New Post of Duty (City)     |
| <u>00344</u>                         | February 22, 2018                  | February, 2018              |
| Bureau of Human Resources Class Code | Employment Date with the State     | Expected Month/Year of Move |

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|                        |                   |
|------------------------|-------------------|
| <u>DSuspitsyn</u>      | <u>01/18/2018</u> |
| Signature of Applicant | Date              |

## Authorization

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|                               |                                     |
|-------------------------------|-------------------------------------|
| Name of Authorized Agent      | Position/ Title of Authorized Agent |
| <u>R. O. Kelly</u>            |                                     |
| Signature of Authorized Agent | Date                                |
| <u>2-2-2018</u>               | 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 |

Household Moving Allowance
State of South Dakota

RECEIVED

MAR 28 2018

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:

S.D. SEC OF STATE

- 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.

Application

Application form fields: Name of Applicant (William Lemke), New Position Title (Assistant Coach - Soccer), Agency Employed By (USD), Yearly Salary (\$35,000.00), City, State Moving From (Sioux City, IA), New Post of Duty (City) (Vermillion), Expected Month/Year of Move (February 2018), Bureau of Human Resources Class Code (00511), Employment Date with the State (January 22, 2018).

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. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence. I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Signature of Applicant (Handwritten signature) Date (1/19/18)

Authorization

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Authorization form fields: Name of Authorized Agent (Sheila Gestring), Position/ Title of Authorized Agent (Vice President, Finance), Signature of Authorized Agent (Handwritten signature), Date (2-28-18), Agency of Authorized Agent (The University of South Dakota).

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.