

Household Moving Allowance\*  
State of South Dakota

RECEIVED  
JUL 25 2018  
S.D. SEC. OF STATE

\*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. of 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

Kyle Michael Lenzner

WCO

SD GFP

Name of Applicant

New Position Title

Agency Employed By

46,800

Clark, SD

Watertown

April/2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

GH I

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.

*Kyle Michael Lenzner*

Signature of Applicant

06/15/2018

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.

*Kelly R. Hepler*

Name of Authorized Agent

*Cabinet Secretary*

Position/ Title of Authorized Agent

*K. R. Hepler* 7/25/18

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

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.

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## Application

Eric Leise

Name of Applicant

Director of Int'l Relations & Global Engagement

New Position Title

Black Hills State University

Agency Employed By

60,000.00

Yankton, SD

Spearfish

8/1/2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00344

7/22/2018

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.

DocuSigned by:

Eric Leise

Signature of Applicant

7/27/2018 | 10:52:20 AM MDT

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.

Brandon Bentley

Name of Authorized Agent

Director, Business Services , Controller

Position/ Title of Authorized Agent

DocuSigned by:

Brandon Bentley

Signature of Authorized Agent

7/27/2018 | 11:39:51 AM MDT

Black Hills State University

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

David McFarland Fleet + Travel Manager BOA  
 Name of Applicant New Position Title Agency Employed By  
\$ 80,308.80 Denver, CO Pierre, SD 7/2018  
 Yearly Salary City, State Moving From New Post of Duty (City) Expected Month/Year of Move  
 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.

David McFarland 06.25.2018  
 Signature of Applicant Date

### Authorization

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Scott Ballinger Commissioner  
 Name of Authorized Agent Position/Title of Authorized Agent  
[Signature] 7-30-18 Bureau of Administration  
 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

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## Application

<u>Sofia Mattesini</u> Name of Applicant	<u>Historic Preservation Specialist</u> New Position Title	<u>Education</u> Agency Employed By
<u>\$41,760.00</u> Yearly Salary	<u>Fairfax, VA</u> City, State Moving From	<u>Pierre</u> New Post of Duty (City)
<u>030795</u> Bureau of Human Resources Class Code	<u>05/24/2018</u> Employment Date with the State	<u>        </u> Expected Month/Year of Move

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]  
Signature of Applicant

07/17/2018  
Date

## Authorization

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Tamara Darnall, Director  
Division of Finance and Management, SD DOE

Tamara Darnall  
Name of Authorized Agent

Director  
Position/ Title of Authorized Agent

[Signature]      7/17/18  
Signature of Authorized Agent      Date

SD DOE  
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

Arash Abbasi

Name of Applicant

Assistant Professor of Computer & Cyber Sciences

New Position Title

Dakota State University

Agency Employed By

\$90,000.00

Yearly Salary

Saint Louis, MO

City, State Moving From

Madison, SD

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00286

Bureau of Human Resources Class Code

08/22/2018

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.

Arash Abbasi

Signature of Applicant

Arash Abbasi

August 3, 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.

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

[Signature]

August 3, 2018

Signature of Authorized Agent

Date

Dakota State University

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

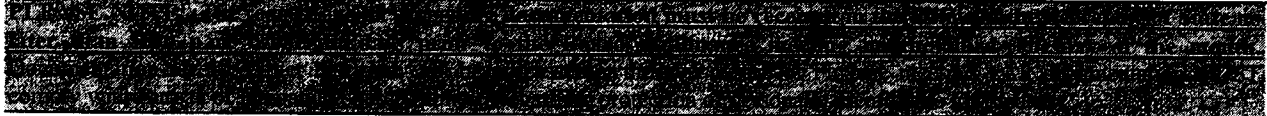
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### Application

Shawn Trail

Name of Applicant

\$49,000.00

Yearly Salary

00800

Bureau of Human Resources Class Code

Portland, OR

City, State Moving From

Sound Arts Artist in Residence/Visiting Asst Professor

New Position Title

Madison, SD

New Post of Duty (City)

August 22, 2018

Employment Date with the State

Dakota State University

Agency Employed By

July 2018

Expected Month/Year of Move

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

Shawn Trail

August 2, 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.

Stacy Krusemark

Name of Authorized Agent



Signature of Authorized Agent

August 2, 2018

Date

VP Business & Admin Services

Position/ Title of Authorized Agent

Dakota State University

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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### Application

<u>Richard Speas</u>	<u>Assistant Athletic Director</u>	<u>Dakota State University</u>
<u>Name of Applicant</u>	<u>New Position Title</u>	<u>Agency Employed By</u>
<u>\$55,000.00</u>	<u>Excelsior Springs, MO</u>	<u>July 2018</u>
<u>Yearly Salary</u>	<u>City, State Moving From</u>	<u>Expected Month/Year of Move</u>
<u>00346</u>	<u>Madison, SD</u>	<u>July 30, 2018</u>
<u>Bureau of Human Resources Class Code</u>	<u>New Post of Duty (City)</u>	<u>Employment Date with the State</u>

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.

Richard Speas Richard Speas  
Signature of Applicant

August 1, 2018  
Date

### Authorization

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Stacy Krusemark  
Name of Authorized Agent  
August 1, 2018  
Signature of Authorized Agent Date

VP Business & Admin Services  
Position/ Title of Authorized Agent  
Dakota State University  
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

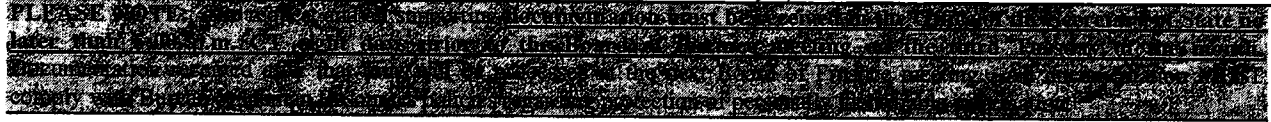
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### Application

Rahman Abu Saleh Md Ma

Name of Applicant

Post Doctorate Visiting Assistant Professor

New Position Title

Dakota State University

Agency Employed By

\$55,000.00

Yearly Salary

Ottawa, ON Canada

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

August 22, 2018

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.

Abu Saleh Md Ma Rahman  
Signature of Applicant

August 6, 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.

Stacy Krusemark

Name of Authorized Agent

VP Business & Admin Services

Position/ Title of Authorized Agent

Stacy Krusemark

Signature of Authorized Agent Date

Dakota State University

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

Peter Adcock

Name of Applicant

Senior Lecturer - CABS Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$55,000

Yearly Salary

Sioux Falls, SD

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00905

Bureau of Human Resources Class Code

08/22/18

Employment Date with the State

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P.A. Adcock

Signature of Applicant

7/23/2018

Date

## Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

J. Rankin

Signature of Authorized Agent

July 18, 2018

Date

South Dakota School of Mines & Technology

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

Tejo Vikash Bheemasetti

Name of Applicant

Assistant Professor - CEE Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$84,000

Yearly Salary

Eules, TX

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/13/18

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.

\$ Out

Signature of Applicant

07/12/2018

Date

## Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

[Signature]

Signature of Authorized Agent

07/11/18

Date

South Dakota School of Mines & Technology

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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### Application

Daniel de Castro

Name of Applicant

Assistant Professor - MCS Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$94,000

Yearly Salary

Calgary, AB - Canada

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/13/18

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 of Applicant

May 30, 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.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent



Signature of Authorized Agent

05/14/18

Date

South Dakota School of Mines & Technology

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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### Application

**Prasoon Diwakar**

Name of Applicant

Assistant Professor - ME Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

**\$83,000**

Yearly Salary

**West Lafayette, IN**

City, State Moving From

**Rapid City**

New Post of Duty (City)

**August 2018**

Expected Month/Year of Move

**00800**

Bureau of Human Resources Class Code

**08/22/18**

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.

*[Handwritten Signature]*

Signature of Applicant

**05/30/2018**

Date

### Authorization

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**James Rankin**

Name of Authorized Agent

**President**

Position/ Title of Authorized Agent

*[Handwritten Signature]*

Signature of Authorized Agent

**05/17/18**

Date

**South Dakota School of Mines & Technology**

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