

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original application, offer letter, and claim voucher to:
State Auditor's Office
500 E. Capitol Avenue – Pierre, SD 57501
Phone: 605-773-3341

Please check one that applies:

State Transfer

From one state agency to another state agency. (SDCL 3-9-9)
Attach offer letter approving amount of allowance and claim voucher.

Professional Recruitment

New Hire. (SDCL 3-9-12)
Attach offer of employment letter approving amount of allowance and claim voucher.

Application

Name of Applicant	New Position Title	Agency Employed By	
Yearly Salary	City, State (Moving From)	New Duty Station (City)	Expected Month/Year of Move
Bureau of Human Resources Class Code	Employment Date with the State		

I hereby request authorization of this application for payment of household moving allowance subject to the limitations established by the South Dakota law, and in accordance with attached offer letter and claim voucher for the amount to be paid. I further state that I am moving more than 50 miles to my new duty station.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all the applicable payroll taxes. Unless I am unable to continue in my position due to illness, injury, or dismissal, I agree to repay a portion of the amount of the allowance paid by the State of South Dakota in accordance with state regulations if I leave the employ of the State of South Dakota within twenty-four months following a move. I know I may contact my agency's finance office for options.

Signature of Applicant	Date
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Authorization

I, the undersigned Agent, hereby certify that the applicant is or will be employed in a full-time position with the above agency, that the applicant is being transferred or hired and must move as indicated, and that the move will be for the benefit of the State of South Dakota.

I further declare that, to the best of my knowledge and belief, this application, attached offer letter, and attached claim voucher do not exceed three months salary, all are true and correct, and authorized for payment.

Name of Authorized Agent	Position/Title of Authorized Agent	
Signature of Authorized Agent	Date	Agency of Authorized Agent
