

# 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

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**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.

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## Application

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

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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 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 six months following a move. I know I may contact my agency's finance office for options.

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<b>Signature of Applicant</b>	<b>Date</b>
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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.

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<b>Name of Authorized Agent</b>	<b>Position/Title of Authorized Agent</b>	
<b>Signature of Authorized Agent</b>	<b>Date</b>	<b>Agency of Authorized Agent</b>