

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 on the Thursday prior to the Board of Finance meeting. 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

Colton Taylor

Name of Applicant

36,300

Yearly Salary

4270

Bureau of Human Resources Class Code

Bison, SD

City, State Moving From

Wildlife Damage Specialist

New Position Title

Redfield

New Post of Duty (City)

5/20/19

Employment Date with the State

SDGFP

Agency Employed By

5/19

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.

Colton Taylor

Signature of Applicant

5/6/19

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.

Kelly R. Hepler

Name of Authorized Agent

K.R. Hepler

Signature of Authorized Agent

4/11/19

Date

Cabinet Secretary

Position/ Title of Authorized Agent

GFP

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



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

400 WEST KEMP AVENUE | WATERTOWN, SD 57201

May 2nd, 2019

Colton Taylor
PO Box 323
Bison, SD 57620

Dear Colton,

Congratulations! This letter serves as official confirmation of your appointment to the Wildlife Damage Specialist position with the SD Department of Game, Fish & Parks. Effective May 24th, 2019, **Redfield** will become your permanent duty station and your work district will primarily be Faulk, Spink and Clark Counties. You will be in pay grade GH and your starting salary will be \$17.45 per hour.

For purpose of per diem and lodging expenses, Redfield will become your home duty station effective on this same date. I will serve as your immediate supervisor. Please work closely with me in scheduling and the transition process.

You are eligible for reimbursement for actual expenses associated with your move up to one month's salary according to SDCL. Please contact Rachel Comes at 605-773-3718 for details and necessary forms prior to moving.

If you have questions, Colton, please don't hesitate to contact me. We look forward to you joining our WDS Team in Region 4.

Sincerely,

A handwritten signature in black ink, appearing to read "Nick Rossman". The signature is fluid and cursive, with a long horizontal line extending to the right.

Nick Rossman | *Regional Wildlife Manager*
South Dakota Game, Fish and Parks
400 West Kemp | Watertown, SD 57201
605.882.5019 | Nick.Rossman@state.sd.us



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Attach a written copy of the offer of employment and of payment of moving expenses.

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Application

<u>DEREK J. SCHRODING</u>	<u>SERGEANT</u>	<u>Highway Patrol</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$64,185</u>	<u>SPEARFISH SD</u>	<u>7/25/19</u>
Yearly Salary	City, State Moving From	Expected Month/Year of Move
<u>666054</u>	<u>RAPID CITY</u>	<u>AUGUST 2010</u>
Bureau of Human Resources Class Code	New Post of Duty (City)	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.

Derek J. Schrodin

Signature of Applicant

6-27-19

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.

Angela Lemieux

Name of Authorized Agent

Angela Lemieux

Signature of Authorized Agent

7/2/19

Date

Director of Admin Services

Position/ Title of Authorized Agent

Public Safety

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



SOUTH DAKOTA
DEPARTMENT
OF PUBLIC SAFETY

prevention • protection • enforcement

SOUTH DAKOTA HIGHWAY PATROL

DIVISION HEADQUARTERS

118 West Capitol Avenue • Pierre, South Dakota 57501

Telephone: 605-773-3105 Fax: 605-773-6046

Web: dps.sd.gov/enforcement/highway_patrol/

May 8, 2019

Derek Schroding
828 E Grant St
Spearfish SD 57783

Dear Derek,

Congratulations on your recent promotion! This letter serves as official notice of your promotion to Sergeant for the Rapid City B Squad.

Effective May 9, 2019 you will begin your new role as Sergeant for the Rapid City B Squad. Your hourly pay will increase to \$30.74 per hour and be reflected in your pay check dated May 31st, 2019. Lt. Zac Bader will be your supervisor.

I know you're anxious to begin this new challenge and I am confident that you are prepared for the commitment this leadership role requires. I've heard nothing but positive things and I can't wait to see what you bring to the table.

Derek, best of luck to you as you start this new chapter in your career!

Regards,

Major Rick Miller
Assistant Superintendent SDHP

RM:CL

cc: Kennede Guptill, BHR
Mary Walter
Personnel File

Good luck Derek -

*RICK
MILLER*



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Application

Allison Hoefft
Name of Applicant

Lead Graphic Designer GFP
New Position Title Agency Employed By

36,800 Ottertail, MN
Yearly Salary City, State Moving From

Pierre, SD June 1, 2019
New Post of Duty (City) Expected Month/Year of Move

6/3/19
Employment Date with the State

Bureau of Human Resources Class Code

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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.

Allie Hoefft
Signature of Applicant

6-12-19
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.

Kelly R. Hepler
Name of Authorized Agent

Cabinet Secretary
Position/ Title of Authorized Agent

Kelly Hepler 6/12/19
Signature of Authorized Agent Date

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



Bureau of Human Resources
500 East Capitol Avenue
Pierre, South Dakota 57501-5070
Phone: 605.773.3148 Fax: 605.773.4344
<http://bhr.sd.gov>

April 29, 2019

Allison Hoefft
45753 County Hwy 54
Ottertail, M.N. 56571-9561

Dear Ms. Hoefft,

Welcome to the Department of Game, Fish and Parks. Your employment will begin on Thursday, May 9th, 2019. Prior to your first day of work, we invite you take the time to complete the on-line orientation process. Completion of the on-line orientation process is voluntary. If you decide to forego the on-line process prior to beginning work, you will be asked to complete the same process on your first day of work.

Please go to the following link to complete the new employee forms:
<https://onlineorientation.sd.gov/new.aspx>

You can log into the system using the following ID and password:
Employee ID – IDAH10513
Employee Password – password

***You will be prompted to set and confirm a new password upon entering the above and selecting, "login".**
***This is a secured system that is user name & password protected.**

NOTE: You can complete this on-line orientation as time permits. You can save the information that you enter as you step through the process. Therefore, if you need to come back to complete the process at a later date or time, you may do so by entering your user ID and password. You will need to disable the pop-up blocker on your computer in order to access the orientation material.

In compliance with the Immigration Reform and Control Act of 1986, the State of South Dakota hires only citizens and nationals of the United States and aliens authorized to work in the United States. Upon reporting to work, you will be required to provide identification and proof of citizenship or authorization to work per the list on the I-9 Form, which you can find on the above website. In addition, please provide us a copy of your social security card for payroll purposes. Direct Deposit is mandatory and you will need to provide a voided check blank to your supervisor.

If you have any questions, please contact me or Judith Larsen in the Human Resource office at (605) 773-6186.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Wilson".

Jeff Wilson
Human Resource Manager

Cc Personnel File

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Application

Page Trana

Name of Applicant

\$39,915

Yearly Salary

090312

Bureau of Human Resources Class Code

Wildlife Conservation Officer

New Position Title

Phillip, SD

New Post of Duty (City)

April 4th, 2019

Employment Date with the State

SD Game, Fish and Parks

Agency Employed By

May 2019

Expected Month/Year of Move

Deer Creek MN
City, State Moving From

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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.

[Handwritten Signature]

Signature of Applicant

05/30/2019

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.

Kelly R. Hepler

Name of Authorized Agent

Cabinet Secretary

Position/ Title of Authorized Agent

06/14/19

Signature of Authorized Agent Date

GFP

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



SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 East Capitol | PIERRE, SD 57501

April 4, 2019

Page Trana
Wildlife Conservation Officer
South Dakota Game, Fish and Parks
PO Box 611
Philip, SD 57567

Dear Page,

Congratulations on your successful completion of the Wildlife Training Officer Program. By this letter, I am advising that you will be permanently assigned to the vacant conservation officer duty station in Philip. District Conservation Officer Supervisor Adam Geigle will serve as your immediate supervisor. There is no salary adjustment associated with this transfer.

Once you have relocated your residence to Philip, but no later than May 3, 2019, your assigned duty station will become your home station for purposes of travel reimbursement expenses. State rules allow the agency to pay per diem (meals and lodging) up to a maximum 20 working days during this timeframe from April 4, 2019 – May 3, 2019 while you are relocating. This is an hourly position, your current hourly rate will remain the same at (\$19.19 per hour) and benefit package will remain the same.

Because we feel it to be important for our conservation officers to form close relationships with citizens in the communities they serve, I strongly encourage you to live within the community designated as your home duty station. We do have an "Employee Living Distance Policy" which states the following:

"Except upon prior authorization from the Wildlife Division Director, conservation officers and other law enforcement staff who are assigned agency vehicles must live within 10 miles of the community designated as their assigned duty station. Officer requests to live more than 10 miles from their assigned duty station or outside of their designated work district will be evaluated to ensure the distance will not interfere with job duties, not affect response time, not hamper public services, and is appropriate considering all factors. The Wildlife Division Director may stipulate the state be reimbursed for use of the assigned vehicle as a condition of approval."

I will be sending you a Household Moving Allowance application, along with copies of the applicable statutes/rules pertaining to moving expenses, via email. Please complete this form as soon as possible and return it to Rachel Comes at the address listed above. She will process your application and gain approval for your move from the Board of Finance at their next regular meeting. Please note that the Board of Finance only meets once a month.

As per the rules governing moves, you may contact a household moving company and have them move you or you may rent a moving truck or trailer and move your household goods yourself. If you elect to





SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS

523 East Capitol | PIERRE, SD 57501

contact a moving company, please direct them to send the bill to the Rapid City Regional Office. If you choose to move yourself, the Department will reimburse you for costs associated with your move on your travel reimbursement. Please be sure to keep any bills or receipts should you decide to move yourself. Finally, the state will reimburse you high rate mileage one time (one way) to move your personal vehicle to your new duty station, so please be sure to include that reimbursement request on your travel reimbursement request.

We are excited to have you permanently assigned to the Philip CO duty station (Central District) and welcome you as a new Region 1 employee. If you have any questions, don't hesitate to contact your immediate supervisory staff or myself.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kanta". The signature is fluid and cursive.

John Kanta
Regional Supervisor

cc: Jeff Wilson, Human Resources Manager
Tony Leif, Wildlife Division Director
Any Alban, Law Enforcement Administrator
Brandon Gust, Conservation Officer Training Supervisor
Jim McCormick, Regional Conservation Officer Supervisor
Adam Geigle, District Conservation Officer Supervisor
Rachel Comes, Executive Secretary

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Application

Kristina Adams

Name of Applicant

Instructor of Speech & Communications

New Position Title

Dakota State University

Agency Employed By

\$44,000.00

Thornton, CO

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

Yearly Salary

City, State Moving From

00900

August 22, 2019

Employment Date with the State

Bureau of Human Resources Class Code

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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.

Kristina Adams

July 8, 2019

Signature of Applicant
KRISTINA ADAMS

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

July 8, 2019

Dakota State University

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



MEMORANDUM

DATE: June 28, 2019

TO: Kristina Adams
dlseman@outlook.com

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: Appointment with the College of Arts & Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, a term appointment as an Instructor of Speech Communications in the College of Arts & Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$44,000 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Judy Dittman, Interim Dean of the College of Arts & Sciences. DSU will work with the Information Technology Services department to have an e-mail account and access to software programs to create course work upon completion of this signed contract. DSU does not expect nor will provide additional compensation for any preparation course work completed prior to August 22, 2019.

The employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. The employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This offer is contingent on approval by the South Dakota Board of Regents, the successful completion of a pending background authorization check and successful receipt of employment authorization paperwork. Should the background report come back with information that would change the contents of this contract, or you are unable to provide employment authorization documents, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

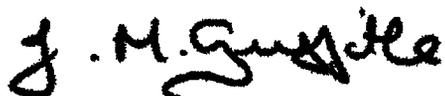
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated in DocuSign, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form. Please review the policy, sign where indicated in DocuSign.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office.

As an Instructor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$4,888.88 in moving expense reimbursement.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter of acceptance through DocuSign, which offers an electronic, legally binding signature. Also included in the DocuSign envelope that will require information and signature are the Agreement to Assign Intellectual Property, Conflict of Interest and the employee background check authorization forms. DocuSign will route the signed forms to the attention of Human Resources. Please sign the electronic file within 20 days. Be sure to retain a copy for your files if you wish. I look forward to having you continue with the team at Dakota State.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures

c: HR Office
Dean of the College of Arts & Sciences
Provost Office

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date



MEMORANDUM

DATE: July 3, 2019

TO: Cole Carter
cole.carter.15@dsu.edu

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: New Appointment within Dakota State University

Title: Assistant Athletic Trainer
Appointment Dates: July 22, 2019 – May 21, 2020
Annual Salary: \$31,500.00 based on 10 months
Supervisor: Jeff Dittman, Athletic Director

SPECIAL TERMS AND CONDITIONS:

Your salary will be \$31,500.00 for the period of July 22, 2019, to May 21, 2020, and is based on 10 months at 100%. Your salary will be on deferred pay during this time period. The salary will be prorated to reflect the later starting date and period left in the current fiscal year.

Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. Therefore, you will receive your first paycheck for July 22nd – August 21st on August 30th. Your supervisor will be Jeff Dittman, Athletic Director at Dakota State University. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This appointment and terms of appointment are subject to and governed by federal regulations, the laws and regulations of the State of South Dakota, the policies, rules, and regulations of the South Dakota Board of Regents ("SD BOR") and corresponding Institutional policies and procedures.

Specific duties during the appointment period will be assigned by the President, whether directly or through a designee. The title and duties are subject to reassignment without notice or cause and, where such changes are made, contract length and related compensation may be adjusted accordingly as set forth by SD BOR and corresponding Institutional policies and procedures.

This notice is effective only when executed by the prospective employee and the President, or when approved by the SD BOR, as required by Board policy. Only the President, or designee, of Dakota State University has the authority to extend any offer of employment or reemployment or to modify or to adjust the proffered terms relating to title, assignment, start and end dates, compensation, or special terms or conditions, in conformity with SD BOR policy and corresponding Institutional policies.

This appointment shall automatically terminate upon expiration of its term subject to the right of an employee holding tenure as a faculty member to continuing employment in a faculty role. This agreement creates no obligation of the Institution or SD BOR for continued employment beyond the end date of the appointment and non-renewal of this agreement is not an action which can be grieved under SD BOR or Institutional policy.

This offer is contingent on approval by the South Dakota Board of Regents and successful completion of a pending background authorization check. Should the background report come back with information that would change the contents of this contract, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

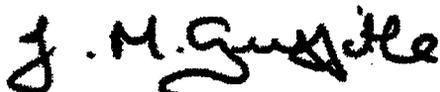
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University.

As an Assistant Athletic Trainer, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$3,000.00 in moving expense reimbursement.

If you desire to accept this offer of employment, please sign below. Acceptance shall be effective upon receipt of the signed contract by the Human Resources Office. This offer is valid for twenty (20) calendar days from the date of offer.

I look forward to having you join the team at Dakota State in this new role.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

cc: Jeff Dittman
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

MEMORANDUM

DATE: June 24, 2019

TO: Erik Day
eggday.erik@gmail.com

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: Appointment with the College of Arts & Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Assistant Professor of Animation in the College of Arts & Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$50,000 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Judy Dittman, Interim Dean of the College of Arts & Sciences.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. As with all visiting faculty hire appointments, this position will end, and the University will communicate how it will be advertised for the following fiscal year. The administrative employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This offer is contingent on approval by the South Dakota Board of Regents, the successful completion of a pending background authorization check and successful receipt of employment authorization paperwork. Should the background report come back with information that would change the contents of this contract, or you are unable to provide employment authorization documents, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

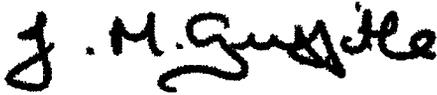
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated in DocuSign, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form. Please review the policy, sign where indicated in DocuSign.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office.

As an Assistant Professor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$5,555.56 in moving expense reimbursement.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter of acceptance through DocuSign, which offers an electronic, legally binding signature. Also included in the DocuSign envelope that will require information and signature are the Agreement to Assign Intellectual Property, Conflict of Interest and the employee background check authorization forms. DocuSign will route the signed forms to the attention of Human Resources. Please sign the electronic file within 20 days. Be sure to retain a copy for your files if you wish. I look forward to having you continue with the team at Dakota State.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures

c: HR Office
Dean of the College of Arts & Sciences
Provost Office

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

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.



Application

Mandy McCarthy

Name of Applicant

Head Athletic Trainer

New Position Title

Dakota State University

Agency Employed By

\$41,500.00

Yearly Salary

Newport, NE

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

00513

Bureau of Human Resources Class Code

July 10, 2019

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.

Mandy McCarthy

Signature of Applicant

July 3, 2019

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]

Signature of Authorized Agent

7-3-19

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

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

REVISED

DATE: July 2, 2019

TO: Mandy McCarthy
mandy.mccarthy17@gmail.com

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: New Appointment within Dakota State University

Title: Head Athletic Trainer
Appointment Dates: July 22, 2019 – May 21, 2020
Start Date: July 10, 2019
Annual Salary: \$41,500.00 based on 10 months
Supervisor: Jeff Dittman, Athletic Director

SPECIAL TERMS AND CONDITIONS:

Your salary will be \$41,500.00 for the period of July 22, 2019, to May 21, 2020, and is based on 10 months at 100%. Your salary will be on deferred pay during this time period. To better assist the Athletic department, we are allowing a one-time stipend of \$1,660.00 for the period of July 10, 2019 – July 21, 2019.

Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. Therefore, you will receive your first paycheck for July 10th – July 21st on July 31st. Your supervisor will be Jeff Dittman, Athletic Director at Dakota State University. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This appointment and terms of appointment are subject to and governed by federal regulations, the laws and regulations of the State of South Dakota, the policies, rules, and regulations of the South Dakota Board of Regents ("SD BOR") and corresponding Institutional policies and procedures.

Specific duties during the appointment period will be assigned by the President, whether directly or through a designee. The title and duties are subject to reassignment without notice or cause and, where such changes are made, contract length and related compensation may be adjusted accordingly as set forth by SD BOR and corresponding Institutional policies and procedures.

This notice is effective only when executed by the prospective employee and the President, or when approved by the SD BOR, as required by Board policy. Only the President, or designee, of Dakota State University has the authority to extend any offer of employment or reemployment or to modify or to adjust the proffered terms relating to title, assignment, start and end dates, compensation, or special terms or conditions, in conformity with SD BOR policy and corresponding Institutional policies.

This appointment shall automatically terminate upon expiration of its term subject to the right of an employee holding tenure as a faculty member to continuing employment in a faculty role. This agreement creates no obligation of the Institution or SD BOR for continued employment beyond the end date of the appointment and non-renewal of this agreement is not an action which can be grieved under SD BOR or Institutional policy.

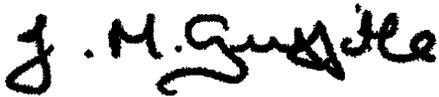
This offer is contingent on approval by the South Dakota Board of Regents and successful completion of a pending background authorization check. Should the background report come back with information that would change the contents of this contract, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University.

As a Head Athletic Trainer, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$4,150.00 in moving expense reimbursement.

If you desire to accept this offer of employment, please sign below. Acceptance shall be effective upon receipt of the signed contract by the Human Resources Office. This offer is valid for twenty (20) calendar days from the date of offer. I look forward to having you join the team at Dakota State in this new role.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures:

Intellectual Property Form
Conflict of Interest Form

cc: Jeff Dittman
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

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.



Application

Nate Schieffert

Name of Applicant

Assistant Athletic Trainer

New Position Title

Dakota State University

Agency Employed By

\$31,500.00

Missoula, MT

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

Yearly Salary

City, State Moving From

00514

July 22, 2019

Employment Date with the State

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.

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.

Nate Schieffert

July 3, 2019

Signature of Applicant

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

7-9-19

Dakota State University

Agency of Authorized Agent

Signature of Authorized Agent

Date

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

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.



MEMORANDUM

DATE: July 3, 2019
TO: Nate Schieffert
nschieffert91@gmail.com
FROM: José-Marie Griffiths, Ph.D.
Dakota State University President
RE: New Appointment within Dakota State University

Title: Assistant Athletic Trainer
Appointment Dates: July 22, 2019 – May 21, 2020
Annual Salary: \$31,500.00 based on 10 months
Supervisor: Jeff Dittman, Athletic Director

SPECIAL TERMS AND CONDITIONS:

Your salary will be \$31,500.00 for the period of July 22, 2019, to May 21, 2020, and is based on 10 months at 100%. Your salary will be on deferred pay during this time period. The salary will be prorated to reflect the later starting date and period left in the current fiscal year.

Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. Therefore, you will receive your first paycheck for July 22nd – August 21st on August 30th. Your supervisor will be Jeff Dittman, Athletic Director at Dakota State University. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This appointment and terms of appointment are subject to and governed by federal regulations, the laws and regulations of the State of South Dakota, the policies, rules, and regulations of the South Dakota Board of Regents ("SD BOR") and corresponding Institutional policies and procedures.

Specific duties during the appointment period will be assigned by the President, whether directly or through a designee. The title and duties are subject to reassignment without notice or cause and, where such changes are made, contract length and related compensation may be adjusted accordingly as set forth by SD BOR and corresponding Institutional policies and procedures.

This notice is effective only when executed by the prospective employee and the President, or when approved by the SD BOR, as required by Board policy. Only the President, or designee, of Dakota State University has the authority to extend any offer of employment or reemployment or to modify or to adjust the proffered terms relating to title, assignment, start and end dates, compensation, or special terms or conditions, in conformity with SD BOR policy and corresponding Institutional policies.

This appointment shall automatically terminate upon expiration of its term subject to the right of an employee holding tenure as a faculty member to continuing employment in a faculty role. This agreement creates no obligation of the Institution or SD BOR for continued employment beyond the end date of the appointment and non-renewal of this agreement is not an action which can be grieved under SD BOR or Institutional policy.

This offer is contingent on approval by the South Dakota Board of Regents and successful completion of a pending background authorization check. Should the background report come back with information that would change the contents of this contract, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

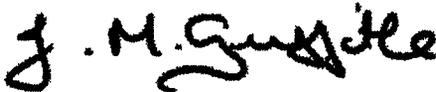
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. In addition to the intellectual properties, I have also included a conflict of interest and an employee background check authorization form. Please indicate your acceptance of this appointment by signing this letter of acceptance and all related employment documents through DocuSign, which offers an electronic, legally binding signature. The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University.

As an Assistant Athletic Trainer, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$3,000.00 in moving expense reimbursement.

If you desire to accept this offer of employment, please sign below. Acceptance shall be effective upon receipt of the signed contract by the Human Resources Office. This offer is valid for twenty (20) calendar days from the date of offer.

I look forward to having you join the team at Dakota State in this new role.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures:

Intellectual Property Form
Conflict of Interest Form
Background Authorization Form

cc: Jeff Dittman
Human Resources/Payroll
Personnel File

I accept the job offer outlined above.

Signature of Appointee (Full legal name)

Date

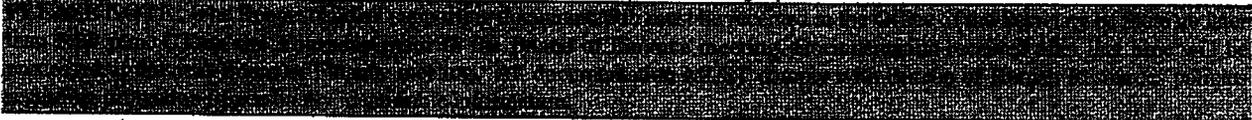
Household Moving Allowance State of South Dakota

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.



Application

Daniel Seman

Name of Applicant

Visiting Assistant Professor of Animation

New Position Title

Dakota State University

Agency Employed By

\$50,000.00

Yearly Salary

Storm Lake, IA

City, State Moving From

Madison, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

August 22, 2019

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.

Daniel Seman

Signature of Applicant

June 21, 2019

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 6-24-19

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

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



MEMORANDUM

DATE: June 21, 2019
TO: Daniel Seman
dlseman@outlook.com
FROM: José-Marie Griffiths, Ph.D.
Dakota State University President
RE: Appointment with the College of Arts & Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Assistant Professor of Animation in the College of Arts & Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$50,000 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Judy Dittman, Interim Dean of the College of Arts & Sciences.

The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The administrative appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. As with visiting faculty hire appointments, this position will end, and the University will communicate how it will be advertised for the following fiscal year. The administrative employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an administrative appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This offer is contingent on approval by the South Dakota Board of Regents, the successful completion of a pending background authorization check and successful receipt of employment authorization paperwork. Should the background report come back with information that would change the contents of this contract, or you are unable to provide employment authorization documents, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated in DocuSign, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form. Please review the policy, sign where indicated in DocuSign.

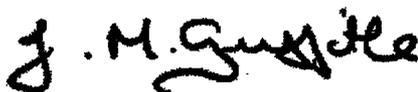
The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office.

JR

As an Assistant Professor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$5,555.56 in moving expense reimbursement.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter of acceptance through DocuSign, which offers an electronic, legally binding signature. Also included in the DocuSign envelope that will require information and signature are the Agreement to Assign Intellectual Property, Conflict of Interest and the employee background check authorization forms. DocuSign will route the signed forms to the attention of Human Resources. Please sign the electronic file within 20 days. Be sure to retain a copy for your files if you wish. I look forward to having you continue with the team at Dakota State.

Sincerely,



José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures

c: HR Office
Dean of the College of Arts & Sciences
Provost Office

I accept the job offer outlined above.



June 21, 2019

Signature of Appointee (Full legal name)

Date

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

Ryan Christy

Name of Applicant

\$38,000

Yearly Salary

Lincoln, NE

City, State Moving From

Associate Director of Development

New Position Title

Brookings, SD

New Post of Duty (City)

6-26-19

Employment Date with the State

SDSU Athletics

Agency Employed By

June 2019

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.

Ryan Christy

Signature of Applicant

6/27/19

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.

JUSTIN G SELL

Name of Authorized Agent

Justin G Sell 7/2/19

Signature of Authorized Agent Date

DIR OF ATHLETICS

Position/ Title of Authorized Agent

SDSU

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



SOUTH DAKOTA STATE UNIVERSITY ATHLETICS

MEMORANDUM

DATE: June 18, 2019
TO: Ryan Christy
FROM: Justin Sell, Director of Athletics
South Dakota State University
RE: Appointment with Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Associate Director of Development in the Athletic Department. The effective date of this appointment is June 26, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$38,000 12 months at 100% time. This will serve as your contract for FY20. Blake Day is your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As Associate Director of Development, your position is eligible for state benefits to include household moving allowance of up to \$1,500 as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form (*if applicable*) to my attention no later than June 24, 2019 retaining a copy for your records.

I accept the job offer outlined above.

Signature of Appointee

1047 16th Ave
SPE 262 S / Box 2820
Brookings, SD 57007

(605) 688-5625
(800) GoJacks
(605) 688-5999 fax

GOJACKS.COM



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

Bryan Petersen

Name of Applicant

Assistant Men's Basketball Coach

New Position Title

SDSU - Athletics

Agency Employed By

\$70,000

Cedar Rapids, IA

Brookings, SD

New Post of Duty (City)

June 2019
Expected Month/Year of Move

Yearly Salary

City, State Moving From

6-3-19
Employment Date with the State

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]
Signature of Applicant

7/1/19
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.

JUSTIN G. SELL

Name of Authorized Agent

DIRECTOR OF ATHLETICS

Position/ Title of Authorized Agent

[Signature]
Signature of Authorized Agent

6/11/19
Date

SDSU
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



SOUTH DAKOTA STATE UNIVERSITY ATHLETICS

MEMORANDUM

DATE: May 29, 2019
TO: Bryan Petersen
FROM: Justin Sell, Director of Athletics
South Dakota State University
RE: Appointment with Athletics, South Dakota State University

I am pleased to offer you, subject to approval by the President, an appointment as Assistant Men's Basketball Coach in the Athletic Department. The effective date of this appointment is May 30, 2019. Annual appointment dates are June 22nd to June 21st. Your salary is \$70,000 12 months at 100% time. This will serve as your contract for FY20. Eric Henderson is your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As Assistant Men's Basketball Coach, your position is eligible for state benefits to include household moving allowance of up to \$1,500 as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form (*if applicable*) to my attention no later than May 29, 2019 retaining a copy for your records.

I accept the job offer outlined above.

Signature of Appointee

1047 16th Ave
SPE 262 S / Box 2820
Brookings, SD 57007

(605) 688-5625
(800) GoJacks
(605) 688-5999 fax

GOJACKS.COM



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

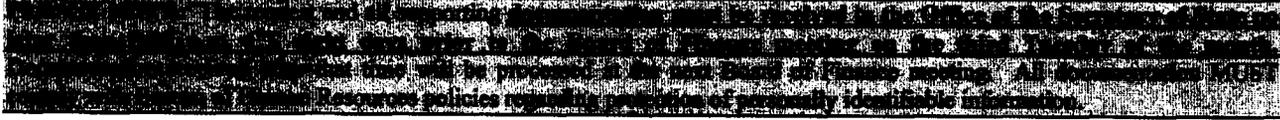
Please check one:

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.



Application

Onja Razafindratsima

Name of Applicant

Assistant Professor

New Position Title

SD State

Agency Employed By

70,000

Yearly Salary

Charleston, SC

City, State Moving From

Brookings, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

8/22/19

Employment Date with the State

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

06/20/2019
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.

Michele Dudash
Name of Authorized Agent

Department Head
Position/ Title of Authorized Agent

Signature of Authorized Agent

6.20.2019
Date

Natural Resource Management, SDSU
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



**SOUTH DAKOTA
STATE UNIVERSITY**

**Department of Natural
Resource Management**

**Department of Natural Resource Management
South Dakota State University
Edgar S. McFadden Biostress Lab 138
1390 College Avenue, Box 2140B
Brookings, SD 57007-1696
Phone 605-688-6121**

MEMORANDUM

DATE: 4 June 2019

TO: Dr. Onja Razafindratsima

FROM: Michele R. Dudash, Head and Professor
Department of Natural Resource Management
South Dakota State University

RE: Appointment with Department of Natural Resource Management South Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Natural Resource Management Department. The effective date of this appointment is August 22, 2019. Annual appointment dates are August 22nd through May 21st. Your salary is \$70,000 based on 9 months at 100% time. Dr. Michele R. Dudash is your direct supervisor. As with all employees, you will be evaluated annually.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

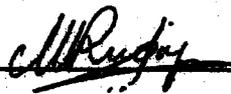
As an Assistant Professor, your position is eligible for state benefits to include household moving allowance of up to 1month salary as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than June 11, 2019, retaining a copy for your records.

OHK

cc: Dean John Killefer
Associate Dean Don Marshall
AES Interim Director William Gibbons
Human Resources

I accept the job offer outlined above.



Signature of Appointee

Encl: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form

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.



Application

<u>Filip Viskupic</u>		<small>Assistant Professor, School of American & Global Studies</small>	<u>SDSU</u>
Name of Applicant		New Position Title	Agency Employed By
<u>\$63,000.00</u>	<u>Athens, GA</u>	<u>Brookings, SD</u>	<u>July 2019</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
<u>Assistant Professor-9</u>		<u>August 21, 2019</u>	
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.

IFV
Signature of Applicant

06/21/2019
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.

Christine Garst-Santos, Director
Name of Authorized Agent
Christine Garst-Santos 6/21/2019 | 12:23 PDT
Signature of Authorized Agent Date

School of American & Global Studies
Position/ Title of Authorized Agent
SDSU
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

MEMORANDUM

DATE: December 18, 2018

TO: Filip Viskupic

FROM: William D. Prigge, Ph.D.
Associate Professor of History and Head
Department of History, Political Science, Philosophy and Religion
South Dakota State University

RE: Appointment with Department of History, Political Science, Philosophy and Religion
South Dakota State University

I am pleased to offer you, subject to approval by the President, a faculty appointment in the History, Political Science, Philosophy and Religion Department. The effective date of this appointment is August 22, 2019. Annual appointment dates are August 22 through May 21. Contingent upon the documented completion of your PhD by August 21, 2019, you will be appointed to a tenure-track assistant professor position with a 3/3 teaching load and a salary of \$63,000 based on 9 months at 100% time. If you have not provided documentation of completion of your PhD as of the start date, you will be appointed as a term Instructor with a 5/5 teaching load with a salary of \$47,000. There must be documented completion of the PhD by August 21, 2020 for your contract to be renewed, at which time you would be appointed to a tenure-track assistant professor position with a 3/3 teaching load. Documented completion of one's PhD could include a letter from the graduate school that all requirements for graduation have been met. Publications that occur after the tenure-track begins will count towards tenure.

The Department will provide you with a computer. As Assistant Professor, your position is eligible for household moving allowance of up \$2,200. The Department will also provide a perpetual license for STATA SE (\$900), as well as \$3,000 over three year for startup research funds. William Prigge is your direct supervisor. In accordance with our Standards Document, you will be granted two pre-tenure course releases to dedicate to research. As with all employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of

this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office (Administration Building 306). Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than December 21, 2018, retaining a copy for your records.

Cc: Jason Zimmerman, Ph.D.
Interim Dean of Arts, Humanities and Social Sciences
Human Resources

I accept the job offer outlined above.

Digitized by:

11/19/2018 09:53 CST

12/19/2018 | 09:53 CST

Signature of Appointee

Date

Encl: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form
Expectations Form
Department Standards Document

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

Haifa Abou Samra

Name of Applicant

\$225000

Yearly Salary

00 230

Bureau of Human Resources Class Code

Sioux Falls

City, State Moving From

Dean

New Position Title

Vermillion

New Post of Duty (City)

June 22, 2019

Employment Date with the State

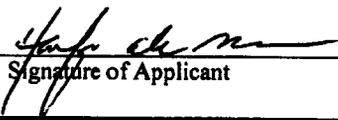
University of South Dakota

Agency Employed By

June 15, 2019

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

6/12/2019

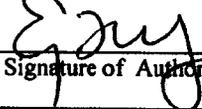
Date

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.

Emery Wasley

Name of Authorized Agent


Signature of Authorized Agent

6/27/19

Date

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

University of South Dakota

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



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

DATE: April 16, 2019
TO: Haifa Abou Samra, PhD, RN
RE: Appointment as Dean of the School of Health Sciences
University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as the University of South Dakota, Dean of Health Sciences. You will retain your faculty rank of tenured professor. The effective date of this appointment is June 22, 2019 on a 100% basis. The position is based out of Vermillion, SD. Annual appointment dates are June 22nd through June 21st. Your salary is \$225,000 based on 12 months at 100% time. I will serve as your direct supervisor. As with all employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

Responsibilities include providing administrative leadership and oversight of the academic, research, and public service missions of Health Sciences; creating a positive working environment for faculty and a positive learning environment for students, promoting and negotiating health care education to clinical and affiliated entities and community/state professionals and leaders; exploring and assessing future growth opportunities for the school; increasing donations through fundraising and external development activities; and managing budget and resource allocation.

Your position will report to the Vice President for Health Affairs. However, it is important to note that there is a dotted line relationship to the Vice President for Academic Affairs because many programs in the School have reporting relationships through this office. The Division of Health Affairs will provide funding for an external leadership course and will identify a USD dean to serve as an internal mentor, as we discussed today. In addition, the Division of Health Affairs will provide funding for an academic coach of your choice who will serve as your external advisor on leadership and strategy.

In accordance with Board policies and procedures, terms and conditions of employment may be altered over time to better serve the current needs of the university and the state. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. In the event the Dean appointment should end, you will be able to return to your current position as Professor at a salary equal to 90% of the current median salary survey data, escalated by the percentage salary policy increases you are provided as Dean.

The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increases. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the

month. Eligible leave will be accrued in accordance with your appointment and all employees are required to request leave through the payroll system to ensure leave is recorded accurately.

Your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$18,750 in moving expenses. Please consult with Ms. Lisa Sorensen prior to moving to ensure that your planned expenses meet state and university guidelines for reimbursement. It is expected that any move will occur within 1 year of your appointment. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in the calendar year it is received.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter to me. We greatly look forward to working with you!

Sincerely,



Mary D. Nettleman, MD, MS, MACP
Dean, USD Sanford School of Medicine
University of South Dakota

C: Lana Svien, Interim Dean, School of Health Sciences
Sharon Myers, HR Generalist
Jana Richardson, Payroll Representative
Sheila Gestring, President
Kurt Hackemer, VP Academic Affairs

Applicant Acceptance:

I accept the job offer outlined above.

 4/17/2019

Signature of Dr. Samra & Date Signed

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

Dmitry Chernyak

Name of Applicant

45,000

Yearly Salary

00502

Bureau of Human Resources Class Code

Toyama City, Japan

City, State Moving From

Postdoctoral Researcher

New Position Title

Vermillion

New Post of Duty (City)

06-22-2019

Employment Date with the State

USD Physics Dept.

Agency Employed By

06/2019

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

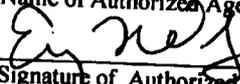
07/03/2019
Date

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.

Emery Wasley

Name of Authorized Agent


Signature of Authorized Agent

7/3/19
Date

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

University of South Dakota

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



UNIVERSITY OF
SOUTH DAKOTA
COLLEGE OF ARTS & SCIENCES

MEMORANDUM

DATE: March 5, 2019
TO: Dmitry Chernyak / Dmytro Cherniak
FROM: Michael Kruger, Dean, College of Arts and Sciences
RE: Appointment with the Department of Physics, University of South Dakota

A handwritten signature in black ink, appearing to read "Michael Kruger".

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Postdoctoral Researcher in the Department of Physics. This is a 12-month position with an initial date of appointment of June 22, 2019. This position is Grant-Funded. Renewal after 12 months may be possible, based on performance and availability of funds. Annual appointment dates are June 22nd to June 21st of the following year. Your salary is \$45,000 based on 12 months at 100% time. Dr. Jing Liu is your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

As a Postdoctoral Researcher you will be expected to work in the area of neutrino physics and dark matter detection. Your work will be in the context of novel radiation detector R&D for the COHERENT, LEGEND, DarkSide, and DUNE experiments. Other activities of the lab may include, depending on the needs of our operation, other research projects, the training of graduate and/or undergraduate students or maintenance of the labs. Furthermore, as a Postdoctoral Researcher you will be involved in manuscript writing.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. Appointee shall be paid at the rate of \$45,000, which will be paid out over 12 payrolls. The base salary could be subject to change should there be a change in duties, appointment percent or contract length. This position is grant funded and renewable contingent on the availability of research funding and acceptable performance.

Depending on funding conditions and annual state salary policy, the University of South Dakota may subsequently adjust the appointee's compensation to include performance-based merit and market increases. The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increase. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the month. Eligible leave will be accrued in accordance with your appointment, and all employees are required to request leave through the payroll system to ensure leave is recorded accurately. Benefits are administered through the State of South Dakota and are provided to any employee that is in a regular position that is employed at 50% or greater time. As Postdoctoral Researcher, your position is eligible for state benefits.

Your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$1,000 in moving expenses. Reimbursed moving expenses are considered taxable income. Once you receive payment, Payroll will contact you to determine how the payment is recorded as taxable income. Please note that the amount must be recorded as income in the calendar year it is received.

- General Information and Benefits Overview, 1st or 3rd Wednesday, 8:15 am
- Guidelines for Using and Reporting Leave, 2nd Wednesday, 8:15 AM
- Anti-Harassment and Discrimination, last Wednesday, 9:00 am

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, the attached personal data sheet, and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than March 6, 2019, retaining a copy for your records. Send the signed documents to:

Katherine Price
Program Assistant I
Office of the Dean/College of Arts & Sciences
The University of South Dakota
414 E. Clark. St.
Vermillion, SD 57069

cc: Jing Liu, Supervisor, Department of Physics
Yongchen Sun, Chair, Department of Physics
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

 11 March, 2019
Signature of Appointee & Date Signed

Encl: Intellectual Property Policy
Intellectual Property Form
Conflict of Interest Form
Employee Personal Data Sheet
Confidentiality Statement

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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

Date: 5/22/19 Agency: Tourism
Agency Address: 711 E Wells Ave
Agency Phone Number: 773 3301
Employee Requesting Reimbursement: Katlyn Richter
Total Amount of Reimbursement: 45.20
Date(s) of Hosting Expense: 5/15/19
Receipts Attached: (Y)/N
Explanation of official business performed: _____

Hosting journalists for arts and sculpture press trip.
Had lunch with visit Rapid city as the group came
into town.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Katlyn 5/22/19
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Wanda Goodman Deputy Secretary
Name of Department/Office Head Position/Title of Agency Official
Wanda Goodman 5.22.19
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Tally's Silver Spoon
530 6th St
Rapid City, SD 57701
ph 605-342-7621

TABLE: Table 20 - 3 Guests
Server: Katey S
5/15/2019 2:24:57 PM
Sequence #: 0000176
ID #: 0544049
Subtotal \$36.00
Total Taxes \$2.70
Grand Total \$38.70

urchase
:RICHTER/KATLYN F
:VISA
:xxxx xxxx xxxx 3879
:3879ycwv6xv8ethx
:015369
:Katey S
:Table 20

Payment Amount: \$38.70
Tip: USD
Total: 45.20



000000031010

FOR COPY
to pay the amount shown above.

Happy Hour Daily 4pm-6pm

lunch with:

Stacy Granum: Rapidcity CVB
Carla Waldemar: Journalist
Erin Abbott: Journalist

Lunch Meal we hosted with Journalist
and visit Rapid City for our
press trip.

1. pasta + drinks - water + coffee
2. sandwich + drinks - tea + soda
3. soup + bread + drink - tea

Tally's Silver Spoon
530 6th St
Rapid City, SD 57701
ph 605-342-7621

Guest Check

TABLE: Table 20 - 3 Guests
Server: Katey S
6/25/2019 9:10:07 AM
Sequence #: 0006175
ID #: 0544048

Original Time 5/15/2019 2:30:46 PM

ITEM	QTY	PRICE
Pasta: Alfredo (L)	1	\$14.00
Soup	1	\$3.75
Bread	1	\$2.50
Patty Melt (L)	1	\$13.00
Soda	1	\$2.75

Subtotal \$36.00
Total Taxes \$2.70

Grand Total \$36.70

Prev. Payments Amount

credit (3879) \$45.20

Total Paid: \$45.20

Happy Hour Daily 4pm-6pm
We look forward to seeing you again.
Guest Check

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

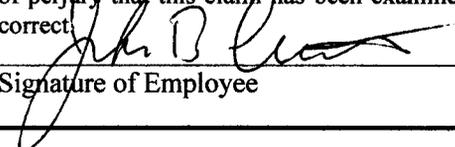
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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

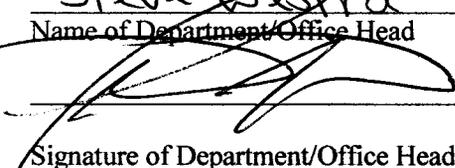
Date: 05/28/2019 Agency: GOED
Agency Address: 2329 N Career Ave., Suite 221, Sioux Falls, SD 57107
Agency Phone Number: 605-367-4516
Employee Requesting Reimbursement: John Austin
Total Amount of Reimbursement: \$60.00
Date(s) of Hosting Expense: 05/17/2019
Receipts Attached: Y N
Explanation of official business performed: Hosted an individual looking to start a new value added ag business in SD.
Brandy Fiala, Jeremy Freking, and Dave Skaggs of GOED were also present.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

 June 3, 2019
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra Commissioner
Name of Department/Office Head Position/Title of Agency Official
 6/4/19
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

JOE'S RESTAURANT
 1150 SPRUCE STREET
 ALEXANDRIA, SD 57311
 (605) 239-4561

Merchant ID: 7200002470912
 Record Num.: 0014

**CREDIT CARD
 Sale**

Application Label: CHASE VISA
 xxxxxxxxxxxx0121 Exp: XX/XX
 AID: A0000000031010
 VISA Entry: Contact
 CHIP READ
 ATC: 00D4
 AC: 2DC9BEF3AE65C8E3

Amount: \$ 51.17
 Tip: 8.92
 Total: USD\$ 60.09

05/17/19 13:03:17
 Resp Code: 00
 TVR: 0000000000
 TSI: F000
 Inv#: 000014 Appr Code: 095216
 Apprvd: Online Batch#: 000100
 TRN Ref #: 309137649971798
 Validation Code: VHSM
 Rewards Program: 984753

THANK YOU!!
 CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
 VERIFICATION

GUESTCHECK™

Date	Table	Guests	Server	04985
APPT-SOUP/SAL-ENTREE-VEG/POT-DESSERT-BEV				

Mr. cheese	5	75
c. chili		
2 lg milk	4	00
DRCB 4		9.95
FF		
BLT		7.95
FF		
dt. coke		2.00
BLT		7.95
Salad RA		
BLT		5.20
Chili FF		5.25
51.17		48.05
	Tax	3.12
	Total	51.17
Thank You — Please Come Again		

RECEIVED

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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

Date: 04/16/2019 Agency: GOED
Agency Address: 711 E Wells Avenue
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Kyle Peters
Total Amount of Reimbursement: \$31.41
Date(s) of Hosting Expense: 3/11/2019
Receipts Attached: Y / N
Explanation of official business performed: Hosted Lakeside Lumber owners for lunch on 3/11/19 in Eureka

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee

Date

4/16/2019

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra
Name of Department/Office Head

Secretary of GOED
Position/Title of Agency Official

Signature of Department/Office Head

Date

4/30/19

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Date ▼	Description ◊	Amount ◊	Balance
● Mar 13, 2019	POS Payment MNRD-PIERRE 2010 N GA PIERRE SD #8616	-52.30	
● Mar 11, 2019	ACH Deposit IRS TREAS 310 TAX REF	3,927.00	
● Mar 11, 2019	POS Payment COFFEE CUP #8 VIVIAN SD #8616	-17.06	
● Mar 11, 2019	POS Payment PRIME TIME BAR RESTA EUREKA SD #8616	-31.41	
● Mar 11, 2019	POS Payment REDROSSA ITALIAN GRIL PIERRE SD #5050	-33.86	
● Mar 07, 2019	POS Payment USPS PO 46680405 225 PIERRE SD #8616	-1.90	
● Mar 07, 2019	POS Payment AMZN MKTP US*MI6U63Y7 AMZN.COM/BILL WA #8616	-8.51	
● Mar 06, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-265.50	
● Mar 05, 2019	<u>Check 1055</u>	-10.00	
● Mar 05, 2019	ACH Payment BankStar Financi Recurring	-349.39	
● Mar 05, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-1,189.00	
● Mar 04, 2019	ACH Payment CAPITAL ONE MOBILE PMT	-758.39	
● Mar 01, 2019	<u>Mobile Deposit</u>	485.09	
● Mar 01, 2019	<u>Mobile Deposit</u>	500.00	
● Mar 01, 2019	ACH Deposit State of South D PR PAYMENT	1,536.04	
● Mar 01, 2019	IB Transfer W/D IB Transfer to FREE CHECK XXXXXX5322	-265.00	
● Feb 27, 2019	POS Payment WALGREENS STORE 100 E PIERRE SD #8616	-9.89	
● Feb 27, 2019	POS Payment LYNN'S DAKOTAMT- PIERRE SD #8616	-20.63	
● Feb 27, 2019	<u>Check 1053</u>	-25.00	
● Feb 26, 2019	POS Payment BLACK HILLS BAGELS RAPID CITY SD #8616	-21.83	
● Feb 25, 2019	IB Transfer Deposit IB Transfer from FREE CHECK XXXXXX5322	25.00	
● Feb 25, 2019	POS Payment HEART OF THE WES HILL CITY SD #8616	-5.30	

*Original Invoice
lost!*

Only Invoice Available

Dowling, Kayla

From: Peters, Kyle
Sent: Wednesday, May 29, 2019 12:55 PM
To: Dowling, Kayla
Subject: Re: Board of Finance Request

Hey Kayla,

I do not have a receipt for the meal-I lost it.

Kyle Peters

Business Development Representative
South Dakota Governor's Office of Economic Development
office (605) 367-4301 | cell (605)-280-6082 | fax (605) 773-3256
www.sdreadytowork.com | www.sdreadytopartner.com

On May 29, 2019, at 11:42 AM, Dowling, Kayla <Kayla.Dowling@state.sd.us> wrote:

Kyle –

State Hosting Reimbursement request for Lakeside Lumber was deferred by the Board of Finance at their May 21st meeting. The Board is requesting an itemized receipt stating what was purchased for the meal in order to be approved. Please let me know if you are able to provide this and I will submit at the June 18th meeting. Let me know if you have any questions.

Thank you!

Kayla Dowling

ACCOUNTANT
OFFICE OF THE SECRETARY OF STATE
500 EAST CAPITOL AVENUE STE 204
PIERRE, SD 57501
PH: 605.773.5009
FAX: 605.773.4550
KAYLA.DOWLING@STATE.SD.US

This E-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 USC Sections 2510-2521, as confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you received the message in error, then delete it. Thank you.

State Hosting Reimbursement Request – SDCL 3-9-2.1

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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Application

Date: 06/12/2019 Agency: GOED
Agency Address: 711 E Wells Avenue
Agency Phone Number: 605-773-4633
Employee Requesting Reimbursement: Kyle Peters
Total Amount of Reimbursement: 49.18 (tip not included)
Date(s) of Hosting Expense: 06/12/2019
Receipts Attached: (Y) N
Explanation of official business performed: Hosted Qwik Slide Trailer owners from Denver, CO

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

[Signature]
Signature of Employee

6/14/2019
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Steve Westra
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

6/18/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

RedRossa Italian Grille
808 W Sioux Ave Ste 200
Pierre, SD 57501
605.494.2599

RedRossa Italian Grille
808 W Sioux Ave Ste 200
Pierre, SD 57501
605.494.2599

Server: JessD DOB: 06/12/2019
12:42 PM 06/12/2019
Table 209/1 6/60005

SALE

Server: JessD 06/12/2019
Table 209/1 12:38 PM
Guests: 4 60005

M/C 3145730
Card #XXXXXXXXXXXX9768
Magnetic card present: Yes
Card Entry Method: S

Lunch Combo 9.50
House Burger 11.00
Caesar Salad 11.50
 ADD Chix Breast 2.75
Lemonade 11.00
Cheeseburger 11.00
 Sub Garden

Approval: 07050Z

Amount: \$ 49.18
+ Tip: 10.⁰⁰
= Total: 59.18

Subtotal 45.75
Tax 3.43

Total 49.18

I agree to pay the above
total amount according to the
card issuer agreement.

Balance Due 49.18

X_____

Inspired Italian-American Fun!
www.RedRossa.com
Find us on Facebook
RedRossa Italian Grille Pierre
Checks are not accepted please.

Inspired Italian-American Fun!
www.RedRossa.com
Find us on Facebook
RedRossa Italian Grille Pierre
Checks are not accepted please.

Guest Copy

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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

Date: 6/12/19 Agency: DOE - SpEd
Agency Address: 800 Governor Dr
Agency Phone Number: 773-3678
Employee Requesting Reimbursement: Linda, Turner, Wendy, Thuyillo, Kristin
Total Amount of Reimbursement: Jerome, Laura Johnson, Frame, Angel
Date(s) of Expense: 6/12/19
Event Leave Time: 8:00 am Event Return Time: 3:30 pm

Explanation of official business performed:

Conduct Advisory Panel for Children w/
Disabilities

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kristin Jerome
Signature of Employee

6/12/19
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Mary Stadick Smith
Name of Department/Office Head

Deputy Secretary
Position/Title of Agency Official

Mary S Smith
Signature of Department/Office Head

6/12/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Meal/Beverage Request

FOR

Event Title:

SD ADVISORY PANEL FOR CHILDREN WITH DISABILITIES

Dates of Event:

JUNE 12TH, 2019

Location of Event:

LIBRARY COMMONS, PIERRE

Number of People Attending:

20

Person to Contact About Request:

KRISTIN JEROME

Purpose of Event:

QUARTERLY MEETING

Company	Subobject	Center	Fund Source	Sub Fund
2024	5203130 09	1232830	K03	A0

Providing:

Beverages

Breakfast

Dates Providing :

Number of Meals

Approximate Cost:

(Cannot exceed \$6 per person)

Lunch

Dates Providing :

6.12.2019

Number of Meals

20

Approximate Cost:

220.00

(Cannot exceed \$11 per person)

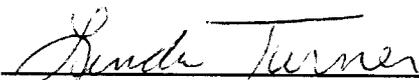
Dinner

Dates Providing :

Number of Meals

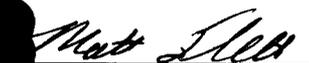
Approximate Cost:

(Cannot exceed \$15 per person)


Program Staff Signature

4/26/19
Date

I hereby approve the use of state/federal funds for the purchase of meals or beverages.


Authorized Signature

4/30/19
Date

South Dakota Advisory Panel on Children with Disabilities

AGENDA

Mackay Building: 800 Governors Drive; Pierre, SD
Library Commons Conference Room
June 12, 2019 8:30am – 4pm CT

Panel Functions:

- Advise the SEA of unmet needs within the State in the education of children with disabilities
- Comment publicly on any rules or regulations proposed by the state regarding the education of children with disabilities
- Advise the SEA in developing evaluations and reporting on data to the Secretary under section 618 of the Act
- Advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of the Act
- Advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities
- Review and comment on final due process hearing findings and decisions
- Advise on eligible students with disabilities in adult prisons- The advisory panel also shall advise on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons

Panel Priorities:

- Parental Awareness of Rights and Procedural Safeguards

Agenda:

Agenda Item	Presenter	Documents
Call meeting to order and Introductions	Chairperson – Erin Schons	
Approval of the agenda	Advisory Panel	Agenda
Approval of the minutes	Advisory Panel	April 3 rd , 2019 meeting minutes
Public Comment	If you are interested in providing public comment, please send notification to Wendy.Trujillo@state.sd.us or call (605)773.3678	
Department of Education Updates	Linda Turner Wendy Trujillo	• ECF Application Requests

Agenda Items Cont...	Presenter	Documents
SEP Accountability Monitoring	Melissa Flor	powerpoint
Lunch (11:45)		Library Commons
DD Council Presentation (12:30)	Arlene Poncelet	
Significant Disproportionality	Melissa Flor/Angel Corrales	powerpoint
Priority Area: Parental Awareness of Rights and Procedural Safeguards	Advisory Panel Wendy Trujillo Linda Turner	<ul style="list-style-type: none"> • Wendy will share suggestions made by each group. • Linda will share information from legal on regulations • Panel will discuss what they would like to see in the final parent rights book for content.
Discussion on location and dates of future advisory panel meetings	Advisory Panel	
Meeting Take Away for Annual Report	Advisory Panel	
Next Meeting and Agenda Items	Advisory Panel	September 19, 2019 Pierre, SD
Adjournment	Advisory Panel	

If you wish to participate via South Dakota Public Broadcasting Livestream, please refer to <http://www.sd.net/home/>.

If you require a reasonable accommodation to participate in the meeting (e.g. sign language interpreter, materials in an alternative format), please submit your request in writing no later than 10 days prior to the meeting to ensure accommodations are available. Address requests to Kristin.Jerome@state.sd.us or call 605-773-3678.

PL/RI/d

Account Name
Address
City
State
Zip

Account Name
Address
City
State
Zip

Account Name
Address
City
State
Zip

773-11078
ATN: KRISTEN,
DEPARTMENT OF ED
700 GOVERNORS
DRIVE
PIERRE

Account Name
Address
City
State
Zip

Account Name
Address
City
State
Zip

Account Name
Address
City
State
Zip

Large 10.00
Branco
Orig. Debit

Large 10.00
Branco
Orig. Debit

Large 10.00
Branco
Orig. Debit

Small 10.00
General Debit
Orig. Debit

Small 10.00
Orig. Debit
Payment

Small 10.00
Orig. Debit
Apple Debit
Orig. Debit

Large 10.00
General Debit

Account Name
Main Sale

Total 100.00
Subtotal 2.00
Total 102.00

Account Name
Address
City
State
Zip

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

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Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

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Application

Date: June 25, 2019 Agency: GOED
Agency Address: 711 E Wells Ave Pierre, SD 57501
Agency Phone Number: (605)773-4633
Employee Requesting ^{Payment} ~~Reimbursement~~: Travis Dove
Total Amount of ^{Payment} ~~Reimbursement~~: \$ 330.00
Date(s) of Expense: June 25, 2019
Event Leave Time: 11:30 AM Event Return Time: 5:00 PM
Explanation of official business performed: A working lunch was held as part of the all staff meeting in order to use time efficiently.

I hereby request authorization and approval for ^{payment} ~~reimbursement~~ of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Travis Dove
Signature of Employee

6-26-19
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Steve Westra
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

6/26/19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.



GUADALAJARA MEXICAN
 RESTAURANT
 314 West Sioux Ave.
 Pierre, SD 57501

Invoice

Date	Invoice #
6/25/2019	4635

Bill To
Governor's Office Economic Development 711 E. Wells Pierre SD 57501

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
30	Food Sales Taco Bar = Cutlery Out-of-state sale, exempt from sales tax	11.00 0.00%	330.00T 0.00
Total			\$330.00

GOED All-Staff Agenda

June 25 – 11:30-5:00 and June 26 – 8:00-2:00

Matthews Training Center (Main Floor of the Foss Building – come in and turn left)

Pierre, SD

Tuesday, June 25

11:30 Working lunch at GOED Office –
Overview of office – mission, goals, targeted industries, etc.

Foss Building:

1 p.m. Meet your co-workers
1:15 – 2:45 Proposal process (Joe, Cassie, John)
2:45 – 3 Break
3-4:30 ACT training (Joe)
4:30 – 5 Q&A/brainstorming

Wednesday, June 26

8 a.m. Networking
8:15 a.m. Community Development presentation (Lori)
8:45 a.m. Heartland report from training (Adam and Scott)
9 a.m. RFI (Jenny and Amy)
10 a.m. Break
10:15 a.m. Events (Mary)
10:30 a.m. Housekeeping (Monthly report – Ann and reimbursements/hostings – Travis)
11:00 a.m. Website walk through (Taylor)
11:15 a.m. Commissioner Q&A
12:00 p.m Directors meet with Community and Business development reps

Lunch Guads

1	Amundson	Scott
2	Andriesen	Melissa
3	Austin	John
4	Badger	Brenda
5	Boehm	Mark
6	Cole	Taylor
7	Dovre	Travis
8	Downs	Hannah
9	Falk	Jessica
10	Fiala	Joe
11	Fiala	Brandy
12	Frederick	Lori
13	Freking	Jeremy
14	Gabriel	Amy
15	Gesick Johnson	Ann
16	Graf	Nate
17	Gruis	LaJena
18	Hirsch	Karen
19	Kirby	Katherine
20	Knapp	Dale
21	Kulesa	Cassidy
22	LaBrie	Terri
23	Lehecka-Nelson	Mary
24	Likness	Natalie
25	Molseed	Adam
26	Moore	Ashley
27	Olsen	Marcy
28	Ondell	Jenny
29	Peters	Kyle
30	Siemers	Eric
31	Sorenson	Darcy
32	Stoeser	Cassie
33	Terwilliger	Alexis
34	Westra	Steve

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

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Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
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Application

Date: June 26, 2019 Agency: GOED
Agency Address: 711 E Wells Ave Pierre, SD 57501
Agency Phone Number: (605)773-4633
Employee Requesting ^{Payment} Reimbursement: Travis Dove
Total Amount of ^{Payment} Reimbursement: \$159.04
Date(s) of Expense: June 26, 2019
Event Leave Time: 8:00 AM Event Return Time: 2:00 PM
Explanation of official business performed: A working lunch was held as part of the business development and community development team meeting in order to use time efficiently.

I hereby request authorization and approval for ^{Payment} reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Travis Dove 6-26-19
Signature of Employee Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Steve Westra Commissioner
Name of Department/Office Head Position/Title of Agency Official
[Signature] 6/26/19
Signature of Department/Office Head Date

State Board of Finance Approval

Approval Date: _____
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

GOED All-Staff Agenda

June 25 – 11:30-5:00 and June 26 – 8:00-2:00

Matthews Training Center (Main Floor of the Foss Building – come in and turn left)

Pierre, SD

Tuesday, June 25

11:30 Working lunch at GOED Office –
Overview of office – mission, goals, targeted industries, etc.

Foss Building:

1 p.m. Meet your co-workers
1:15 – 2:45 Proposal process (Joe, Cassie, John)
2:45 – 3 Break
3-4:30 ACT training (Joe)
4:30 – 5 Q&A/brainstorming

Wednesday, June 26

8 a.m. Networking
8:15 a.m. Community Development presentation (Lori)
8:45 a.m. Heartland report from training (Adam and Scott)
9 a.m. RFI (Jenny and Amy)
10 a.m. Break
10:15 a.m. Events (Mary)
10:30 a.m. Housekeeping (Monthly report – Ann and reimbursements/hostings – Travis)
11:00 a.m. Website walk through (Taylor)
11:15 a.m. Commissioner Q&A
12:00 p.m Directors meet with Community and Business development reps

GOED Korner Grocery Order	
1	Kyle Peters
2	Cassie Stoesser
3	Travis Dovre
4	Joe Fiala
5	Adam Molseed
6	Scott Amundson
7	Melissa Andrisen
8	Mary Lehecka Nelson
9	Nate Graf
10	Eric Siemers
11	Brandy Fiala
12	Steve Westra
13	Hannah Downs
14	John Austin
15	Jeremy Freking
16	Katherine Kirby



DEPARTMENT OF CORRECTIONS

ADMINISTRATION

3200 East Highway 34
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Phone: (605) 773-3478
Fax: (605) 773-3194

July 2, 2019

Board of Finance
Secretary of State of South Dakota
500 E. Capitol Ave., Suite 204
Pierre, SD 57501

Please accept this letter as the Department of Corrections' request for approval of excess lodging for Bridgett Coppersmith. In June she attended the National Coalition for Juvenile Justice in Washington D.C. She made reservations with the Hyatt Regency requesting the conference group rate. They stated over the phone that she would have the group rate and assumed that they made the reservation with the group rate. She later received an email with the rate and thought the group rate was high, so she checked other hotels in the area and learned the area was very expensive and again assumed she was being charged the best rate available for the conference. However, upon checkout she learned that they had exceeded their allotment for the group rate rooms and charged her full price, \$399 plus occupancy tax of \$59.65 per day. She phoned the hotel to state she was told when she made the reservation that she was being given the conference group rate for the hotel. They were very rude and their response was that they sent her an email with the rate. She did not retain a copy of the email, but says that it did not state on the email that it was full rate nor that the group rate was not available.

As she assumed she had the group rate until check out, we do not have pre-authorization from the auditor's office for hotel stays that exceed the state rate. This travel bill is paid with a 50/50 split between state and federal funding.

I am requesting approval from the State Board of Finance to exceed the state rate, so the employee can be reimbursed the additional expense which she paid to attend this conference in a high-cost area. Please let me know if you any further information.

Sincerely,

Candace L. Snyder
Director of Operations
SD Department of Corrections



**HYATT
REGENCY**

**Hyatt Regency Washington on
Capitol Hill**
400 New Jersey Avenue North
West
Washington, DC 20001
Tel: 202-737-1234
Fax: 202-737-5773
www.hyattregencywashington.com

INVOICE

Bridget Coppersmith
3200 East Hwy 34
Pierre, SD 57501
United States

Room No. 0614
Arrival 2019-06-19
Departure 2019-06-21
Page No. 1 of 1
Folio Window 1
Folio No. 23765601

Confirmation No. 3149269001

Group Name

Date	Description	Charges	Credits
06-19-2019	Guest Room	399.00	
06-19-2019	Occupancy Tax	59.65	
06-20-2019	Guest Room	399.00	
06-20-2019	Occupancy Tax	59.65	
06-21-2019	Discover / Union Pay	XXXXXXXXXXXX6298	-917.30

Total	917.30	917.30
--------------	--------	--------

Guest Signature

Balance 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Was your stay exceptional? Please let us know what you think...
Simply e-mail us at Thomas.Blanchard@hyatt.com

World of Hyatt Summary

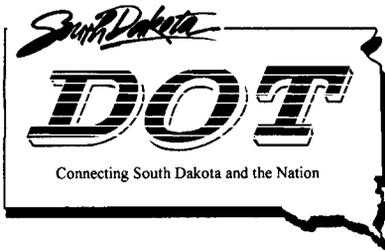
No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more.
Visit www.worldofhyatt.com

For more information on the Hyatt Regency Washington on Capitol Hill or other Hyatt Hotels and Resorts, visit us on the web at www.hyatt.com

Please remit payment to:
Hyatt Regency Washington on Capitol Hill
P.O. Box 426012
Washington, DC 20042

For inquiries concerning your bill, please call 888-587-2877



Department of Transportation
Division of Finance and Management
700 E Broadway Ave, Pierre, SD 57501-2586
Phone: 605 773-3284 Fax: 605 773-2804

To: Board of Finance
% Secretary of State's Office

From: Kellie Beck, Director – Finance and Management
South Dakota Department of Transportation

KB

Subject: Uncollectible Accounts

Date: June 17, 2019

Attached please find ten Debt Write Off Requests. The accounts are being written off due to the fact they were returned from the ORC and the statute of limitations of six years has expired for property damages.

Your favorable consideration is requested.

Attachment

Date Delinquent	Account #	Last Name	First Name	Principal	total amount Received from TAG	Remaining Balance 1241008
Board of Finance Write Offs						
02/28/2013	13997	Grant	Lazerick	100.00	0.00	100.00
03/01/2013	13990	Alexander	Gregory	1,912.58	435.20	1,477.38
03/11/2013	14016	Holt	Autumn	245.46	0.00	245.46
04/07/2013	14076	Trejo	Ryan	270.22	0.00	270.22
05/02/2013	14146	Rogers	Michael	208.65	0.00	208.65
05/24/2013	14180	Lucano	Arron	1,260.04	0.00	1,260.04
10/29/2012	13868	Shillingstad	Cynthia	361.78	0.00	9.77
03/08/2013	14008	Olstad	Jared	1,352.41	0.00	1,252.41
06/17/2013	14161	Hausten	Tyler	807.89	0.00	807.89
06/21/2013	14172	Thorman	Ashley	606.03	0.00	606.03
						6,237.85

Debt Write Off Request

State of South Dakota Board of Finance

When complete, 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 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.

Name: Lazerick Grant

Requested Write Off Amount: 100.00

Date Debt Became Delinquent: 02/28/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 100.00

Current Amount Due: 100.00

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: *Kellie Beck*

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on _____

Date

Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Name: Gregory Alexander

Requested Write Off Amount: 1477.38

Date Debt Became Delinquent: 03/01/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1912.58

Current Amount Due: 1477.38

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

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Name: Autumn Holt

Requested Write Off Amount: 245.46

Date Debt Became Delinquent: 03/11/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 245.46

Current Amount Due: 245.46

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
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Name: Ryan Trejo

Requested Write Off Amount: 270.22

Date Debt Became Delinquent: 04/07/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 270.22

Current Amount Due: 270.22

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Name: Michael Rogers

Requested Write Off Amount: 208.65

Date Debt Became Delinquent: 05/02/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 208.65

Current Amount Due: 208.65

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Name: Arron Lucano

Requested Write Off Amount: 1260.04

Date Debt Became Delinquent: 05/24/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1260.04

Current Amount Due: 1260.04

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

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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State of South Dakota Board of Finance

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Name: Cynthia Shillingstad

Requested Write Off Amount: 9.77

Date Debt Became Delinquent: 10/29/2012
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 361.78

Current Amount Due: 9.77

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Signature: Fiscal Officer Contact Information

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

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Name: Jared Olstad

Requested Write Off Amount: 1252.41

Date Debt Became Delinquent: 03/08/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 1352.41

Current Amount Due: 1252.41

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Name: Tyler Hausten

Requested Write Off Amount: 807.89

Date Debt Became Delinquent: 06/17/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 807.89

Current Amount Due: 807.89

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 
Name: Kellie Beck
Address: 700 E Broadway Ave Pierre, SD 57501
Telephone: 605-773-4863
Email: kellie.beck@state.sd.us

Agency/Institution: Department of Transportation

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

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Name: Ashley Thorman

Requested Write Off Amount: 606.03

Date Debt Became Delinquent: 06/21/2013
(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: 606.03

Current Amount Due: 606.03

Collection Efforts History: Turned over to ORC, Statute of Limitation is 6 years for property damage claims.

Previously turned over to TAG prior to ORC.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: 

Name: Kellie Beck

Agency/Institution: Department of Transportation

Address: 700 E Broadway Ave Pierre, SD 57501

Telephone: 605-773-4863

Email: kellie.beck@state.sd.us

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance



Office of Budget and Finance
Hillsview Plaza, 3800 East Highway 34
c/o 500 East Capitol Avenue
Pierre, South Dakota 57501-5070
Phone: (800) 265-9684 | (605) 773-5990
TTY: (605) 773-6412 | FAX: (605) 773-5483
Website: dhs.sd.gov

July 10, 2019

Board of Finance
Secretary of State of South Dakota
500 East Capitol Ave Ste 204
Pierre, SD 57501

Please accept this letter as the Department's request for approval of excess lodging for the Family Support Council of our Division of Developmental Disabilities. The board is comprised of largely non-state employees and generally meets on Friday nights. In the past, they have still been able to attain lodging at state rates and direct bill them. This quarter, however, that was not the case.

The division knew to get quotes from other hotels but neglected to contact Finance to utilize those quotes to gain approval from the auditor's office in advance of the stay. Those quotes came in at \$129, \$94, and \$79.99. When I received the billing, it was the first I was aware of the issue. I requested a rate adjustment from the hotel, but they reminded me that the Division had agreed to \$79.99 and that it was a Friday night. There were 8 rooms in total used.

Please consider this request for me to pay the direct billing for those 8 rooms at the Aberdeen Ramkota for \$79.99+\$2 occupancy tax per room. If you have any questions, please contact me.

Sincerely,

A handwritten signature in blue ink that reads "Orren Thornes".

Orren Thornes
Accountant
Budget and Finance
Orren.thornes@state.sd.us
605-773-5995

Non-Discrimination

The Department of Human Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Legal Services, 3800 E. Hwy 34, c/o 500 E Capitol Ave., Pierre SD 57501. Phone: 605.773.5990. Email: dhsinfo@state.sd.us.

Ramkota Hotel
 1400 8th Ave NW
 Aberdeen, SD 57401

Fax: (605)229-0480
 Email: aberdeen@ramkota-hotel.com

Phone: (605)229-4040

Web: www.aberdeen.ramkota.com



Statement of Account

Statement Includes : All Dates; Aging Period: All

Contact:	SD DEPT OF HUMAN SERVICES 3800 EAST HWY 34 500 EAST CAPITAL Pierre, SD 57501 United States	Account Name :	SD DEPT OF HUMAN SERVICES
		Account # :	317
		Statement Date :	6/29/2019
		Account Balance :	\$686.72
		Billing Code :	

Phone:
 Email:

Date	Invoice	Folio	Reference	Invoice Amount	Invoice Balance
0-30 Days:					
6/29/2019	255884	255437	From Account #255437 DARCI BIBLE	\$81.99	\$81.99
6/29/2019	255885	255439	From Account #255439 JENNIFER CARDA	\$81.99	\$81.99
6/29/2019	255886	255438	From Account #255438 SARAH CARLSON	\$81.99	\$81.99
6/29/2019	255887	255440	From Account #255440 AMBER FINNESAND	\$81.99	\$81.99
6/29/2019	255892	255441	From Account #255441 KRISTI HALE	\$112.79	\$81.99
6/29/2019	255894	255444	From Account #255444 Darryl Millner	\$81.99	\$81.99
6/29/2019	255895	255445	From Account #255445 PATRICIA NORIN	\$81.99	\$112.79
6/29/2019	255897	255447	From Account #255447 JAZE SOLLARS	\$81.99	\$81.99
0-30 Days	31-60 Days	61-90 Days	Over 90 Days Past Due	Account Balance	
\$686.72	\$0.00	\$0.00	\$0.00	\$686.72	

Family Support

*meal charge
 Patricia's
 responsibility*

ONLY INVOICE AVAILABLE

Ramkota Hotel
 1400 8th Ave NW
 Aberdeen, SD 57401

Fax: (605)229-0480
 Email: aberdeen@ramkota-hotel.com

Phone: (605)229-4040

Web: www.aberdeen.ramkota.com



Invoice

Guest Name: NORIN, PATRICIA

Invoice #: 255895

Contact:

SD DEPT OF HUMAN SERVICES
 3800 EAST HWY 34
 500 EAST CAPITAL
 Pierre, SD 57501
 United States

Account Name: SD DEPT OF HUMAN SERVICES
 Account #: 317
 Confirmation #: 196201
 Invoice Printed: Wednesday, July 3, 2019 8:48:32 AM
 Folio #: 255445

Phone :

E-mail :

Department	Date	Reference	Voucher	Folio	Charge	Credit
Room Postings	6/28/2019	Auto Posted		255445	\$79.99	
Occupancy Fee	6/28/2019	Auto Posted		255445	\$2.00	
Sub Total						
Direct bill transfer	6/29/2019	From Account #255445 PATRICIA NORIN		255895	\$81.99	
Restaurant Chrg	7/3/2019	40046		255895	\$30.80	Patricia's
Payments						
Current Balance:					\$112.79	

ONLY INVOICE AVAILABLE

Ramkota Hotel
 1400 8th Ave NW
 Aberdeen, SD 57401

Fax: (605)229-0480
 Email: aberdeen@ramkota-hotel.com

Phone: (605)229-4040

Web: www.aberdeen.ramkota.com



Invoice

Guest Name: HALE, KRISTI

Invoice # : 255892

Contact:

SD DEPT OF HUMAN SERVICES
 3800 EAST HWY 34
 500 EAST CAPITAL
 Pierre, SD 57501
 United States

Account Name : SD DEPT OF HUMAN SERVICES

Account # : 317

Confirmation # : 196197

Invoice Printed : Wednesday, July 3, 2019 8:47:25 AM

Folio # : 255441

Phone :

E-mail :

Department	Date	Reference	Voucher	Folio	Charge	Credit
Restaurant Chrg	6/28/2019	Restaurant Charge	4046 4046	255441	\$25.80	
Restaurant Chrg	6/28/2019	Restaurant Charge	4046 4046	255441	\$5.00	
Room Postings	6/28/2019	Auto Posted		255441	\$79.99	
Occupancy Fee	6/28/2019	Auto Posted		255441	\$2.00	
Sub Total						
Direct bill transfer	6/29/2019	From Account #255441 KRISTI HALE		255892	\$112.79	
Restaurant Chrg	7/3/2019	Transfer		255892		\$30.80
Payments						

Current Balance:

\$81.99

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Guest Charges

Folio #: 255437 Guest : BIBLE, DARCI Conf #: 196193
Room #: 157 CRS #: BW 417021262-01
Payment Method : Direct Bill Company :
Rate : 204 N BUCHANAN Arrival: 6/28/2019
6/28/2019 \$79.99 Pierre, SD 57501 Departure: 6/29/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		157	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		157	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		157		\$81.99	\$0.00
Balance							\$0.00

I agree that my liability for all charges is not waived.

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Guest Charges

Folio #: 255439 Guest : **CARDA, JENNIFER** Conf #: 196195
Room #: 161 CRS #: BW 247021563-01
Payment Method : Direct Bill Company :
Rate : Arrival: 6/28/2019
6/28/2019 \$79.99 Pierre, SD 57501 Departure: 6/29/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		161	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		161	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		161		\$81.99	\$0.00
Balance							\$0.00

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Guest Charges

Folio #:	255438	Guest :	CARLSON, SARAH	Conf #:	196194
Room #:	156			CRS #:	BW 491021260-01
Payment Method :	Direct Bill	Company :		Arrival:	6/28/2019
Rate :			202 CARROLL ST.	Departure:	6/29/2019
	6/28/2019	\$79.99	Canton, SD 57013		

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		156	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		156	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		156		\$81.99	\$0.00
Balance							\$0.00

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Guest Charges

Folio #: 255440 Guest : FINNESAND, AMBER Conf #: 196196
Room #: 155 CRS #: BW 517021362-01
Payment Method : Direct Bill Company :
Rate : Arrival: 6/28/2019
6/28/2019 \$79.99 Pierre, SD 57501 Departure: 6/29/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		155	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		155	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		155		\$81.99	\$0.00
Balance							\$0.00

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Guest Charges

Best Western Rewards # : 6006637615696796

Folio #: 255444 Guest : Millner, Darryl Conf #: 196200
Room #: 149 BWR Tier : BASE CRS #: BW 737021461-01
Payment Method : Direct Bill Company :
Rate : 108 River Run Arrival: 6/28/2019
6/28/2019 \$79.99 Pierre, SD 57501 Departure: 6/29/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		149	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		149	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		149		\$81.99	\$0.00
Balance							\$0.00

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Guest Charges

Folio #: 255447 Guest : SOLLARS, JAZE Conf #: 196203
Room #: 147 CRS #: BW 541021464-01
Payment Method : Direct Bill Company :
Rate : 122 N WILLOW AVE Arrival: 6/28/2019
6/28/2019 \$79.99 Pierre, SD 57501 Departure: 6/29/2019

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
6/28/2019	Room Postings	Auto Posted		147	\$79.99		\$79.99
6/28/2019	Occupancy Fee	Auto Posted		147	\$2.00		\$81.99
6/29/2019	Direct Bill	Trans - To Account #317 SD DEPT OF HUMAN SERVICES		147		\$81.99	\$0.00
Balance							\$0.00

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