

# 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

Shawn Hendricks

Name of Applicant

41,808

Yearly Salary

Hoven, SD

City, State Moving From

Park Manager

New Position Title

Corona

New Post of Duty (City)

11-24-2015

Employment Date with the State

GFP

Agency Employed By

March and May 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.



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.

Kelly R. Hepler

Name of Authorized Agent

Cabinet Secretary

Position/ Title of Authorized Agent

[Signature]

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



**SOUTH DAKOTA DEPARTMENT OF  
GAME, FISH AND PARKS**

400 West Kemp Ave | WATERTOWN, SD 57201

2/11/2019

Shawn Hendricks  
15055 311<sup>th</sup> Ave  
Hoven, SD 57450

Dear Shawn,

Congratulations! This letter will serve as official confirmation of your appointment to Park Manager at Hartford Beach State Park with the South Dakota Game, Fish, and Parks, Division of Parks and Recreation.

Your duty station will be the Hartford Beach State Park shop/office. I will serve as your immediate supervisor. Your wage will be \$20.10 per hour. Your official starting date will be March 24, 2019. Moving expenses will be reimbursed as allowed.

I am looking forward to working with you as we continue to improve the park and opportunities we have to offer the public.

**Josh Cleveland | District Park Supervisor**  
South Dakota Game, Fish and Parks  
400 West Kemp Avenue | Watertown, SD 57201  
605.882.5200 | Josh.Cleveland@state.sd.us

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## Application

Randi Erickson

Name of Applicant

84,798.80

Yearly Salary

Pierre, SD

City, State Moving From

6666654

Bureau of Human Resources Class Code

Captain

New Position Title

Bowdle, SD

New Post of Duty (City)

07/30/2001

Employment Date with the State

SDHP

Agency Employed By

August/ 2019

Expected Month/Year of Move

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Randi Erickson

Signature of Applicant

7/29/19

Date

## Authorization

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Angela Lemieux

Name of Authorized Agent

Dir of Admin. Services

Position/ Title of Authorized Agent

Dept. of Public Safety

Agency of Authorized Agent

Angela Lemieux

Signature of Authorized Agent

8/8/19

Date

## 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

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# 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/](http://dps.sd.gov/enforcement/highway_patrol/)

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August 5<sup>th</sup>, 2019

Lieutenant Randi Erickson  
212 N Van Buren Ave  
Pierre SD 57501

Dear Randi,

Please accept this letter as "congratulations" and official notice of your appointment to District Commander for District 1 in Aberdeen. This position takes effect July 24<sup>th</sup>, 2019.

Your wage will increase to \$84,798.80. At my discretion, you will be eligible for an increase to the base pay for Captain at least 6 months after your appointment as District 1 Commander.

Your moving costs have been approved internally. Please contact Amber Leyendecker as soon as possible to make arrangements.

Randi, your continuing contribution in discussing and solving the command staff issues that confront the Highway Patrol is invaluable. I am confident we can collectively, as administrators, address the goals and objectives outlined in the agency's strategic plan.

Please feel free to contact me, should any questions arise.

Sincerely,

Colonel Rick Miller  
Superintendent  
SD Highway Patrol

RM:cl

cc: Vanessa Gardner, BHR  
Personnel File



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## Application

Micheal Peterson

Name of Applicant

Highway Patrol Sergeant

New Position Title

South Dakota Highway Patrol

Agency Employed By

~~\$65,540~~ \$64,185 Mitchell, SD

Yearly Salary City, State Moving From

Vermillion, SD

New Post of Duty (City)

July/2019

Expected Month/Year of Move

~~131094 Highway Patrol Sergeant~~ Lelele 54

Bureau of Human Resources Class Code

12/03/2007

Employment Date with the State

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M. Peterson 7/24

Signature of Applicant

July 23, 2019

Date

## Authorization

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Angela Lemieux

Name of Authorized Agent

Dir. of Admin Services

Position/ Title of Authorized Agent

Angela Lemieux 8/8/19

Signature of Authorized Agent Date

Dept. of 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

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

Web: [dps.sd.gov/enforcement/highway\\_patrol/](http://dps.sd.gov/enforcement/highway_patrol/)

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May 8, 2019

Micheal E. Peterson  
1700 Country Dr. #2  
Mitchell SD 57301

Dear Micheal,

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

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

Micheal, 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

BEST WISHES  
TO YOU  
IN YOUR  
NEW ROLE!



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### Application

<u>Sm Rezaur Rahman</u>	<u>Tech Engineer III</u>	<u>BIT</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$69,405.12</u>	<u>Pierre</u>	<u>8/2019</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
	<u>8.1.19</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.

<u>[Signature]</u>	<u>8/1/19</u>
Signature of Applicant	Date

### Authorization

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<u>Fat Snow</u>	<u>Acting Commissioner</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Fat Snow</u>	<u>8-12-19</u>
Signature of Authorized Agent	Date
	Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on	Signature of Secretary, State Board of Finance
Date	



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>

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July 16, 2019

Sm Rezaur Rahman  
8453 Greenbelt Rd #T2  
Greenbelt MD 20770  
Email: [sm.rahmanDBA@gmail.com](mailto:sm.rahmanDBA@gmail.com)

Dear Sm Rezaur,

This letter is to confirm your appointment to the Technology Engineer III position with the Bureau of Information and Telecommunications. Your employment will begin on August 1, 2019, at an hourly salary of \$33.24. Your immediate supervisor, Tom Wempe, will contact you regarding your schedule on your first day of employment. **This offer is conditional based upon you successfully completing/passing a background investigation.**

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$5,783.76, for actual moving expenses based on the rules established by the Board of Finance. Receipts are required and expenses must be eligible expenses. Attached, please find the guidelines for household moving allowances and the moving expense form. Please sign the Household Moving Allowance form and return it to me as soon as possible.

*Prior to your first day of work, we invite you to take the time to complete the on-line orientation process. 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 below ID and password:*

*Employee ID - **IDSR10796***

*Employee Password - password*

*This is a secured system that is user name & password protected. You can save the information that you enter as you go through the process. If you need to come back to complete the process at a later date or time, you may do so. You will need to disable the pop-up blocker on your computer in order to access the material.*

On your first day of work, you will be required to provide two forms of identification to establish both identity and authorization to work in the United States. **Bring your social security card and driver's license.** Direct deposit is mandatory and you are asked to provide a voided check blank or your bank routing and account numbers.

Welcome to the Bureau of Information and Telecommunications. Please contact Tom or myself if you need any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Hildebrandt".

Eric Hildebrandt  
Human Resource Manager

cc: Supervisor  
✓ Personnel File

**5:01:07:03. Allowable household moving expenses.** Reimbursement of allowable household moving expenses for state employees and for newly hired professional employees applies only to expenses for moving household furnishings, appliances, and personal effects of the individual and the individual's family. Allowable moving expenses include the following:

- (1) Packing containers, packing, and unpacking;
- (2) Extra pickup or delivery;
- (3) Labor charges;
- (4) Auxiliary service necessary for pickup;
- (5) Service bulky articles, loading and unloading charges;
- (6) Piano or organ carry charges;
- (7) Waiting time, not the fault of the carrier, per vehicle;
- (8) Empty mileage charge;
- (9) Elevator, stair, and excessive distance carry charge involved in pickup or delivery;
- (10) Overtime loading and unloading;
- (11) Reweighing charge;
- (12) Storage-in-transit and warehouse handling charges;
- (13) Valuation charges;
- (14) Service of household appliances or other articles requiring special servicing for safe transportation, carrier servicing of appliances or articles at origin, and carrier reservicing of appliances or articles at destination;
- (15) Papering and padding;
- (16) Wrapping or metal banding or both; and
- (17) Skirting, blocking, and other necessary expenses incurred in the transportation and relocation of a mobile home.

**Source:** SL 1975, ch 16, § 1; 3 SDR 34, effective November 7, 1976; 4 SDR 8, effective August 15, 1977; 6 SDR 15, effective August 30, 1979; transferred from §§ 5:01:02:25, 5:01:02:36, 11 SDR 41, effective September 29, 1984.

**General Authority:** SDCL 3-9-11.

**Law Implemented:** SDCL 3-9-9, 3-9-11, 3-9-12.

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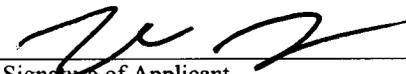
## Application

<b>Jacob Dyer</b>	<b>Botanist</b>	<b>Game, Fish and Parks</b>
Name of Applicant	New Position Title	Agency Employed By
<b>\$46425</b>	<b>Pierre, SD</b>	<b>June 2019</b>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<b>90212</b>	<b>March 11th, 2019</b>	
Bureau of Human Resources Class Code	Employment Date with the State	

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

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

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

  
\_\_\_\_\_  
Signature of Applicant

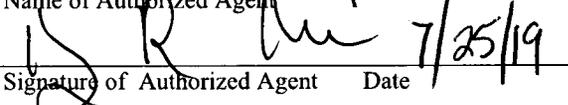
**July 17th, 2019**  
\_\_\_\_\_  
Date

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**Kelly R. Hepler**  
\_\_\_\_\_  
Name of Authorized Agent

**Cabinet Secretary**  
\_\_\_\_\_  
Position/ Title of Authorized Agent

  
\_\_\_\_\_  
Signature of Authorized Agent      Date **7/25/19**

**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 AVENUE | PIERRE, SD 57501

February 6, 2019

Mr. Jacob Dyer  
4973 E. 26<sup>th</sup> Place  
Tulsa, OK 74114

Dear Jacob:

This letter confirms our telephone conversation earlier today in which you were offered and accepted the Wildlife Biologist – Botanist/Plant Ecologist position with South Dakota Game Fish & Parks located in Pierre, SD. Your effective hire date will be Monday March 11<sup>th</sup>, 2019 at the GJ level with a starting salary of \$22.32/hour. You are also eligible to receive moving expenses; information regarding this is enclosed.

For future reference your job code is 90212 and your position number is 060605. I will be your immediate supervisor, and will meet with you on March 11<sup>th</sup> at the SDGFP main office in Pierre.

Congratulations on this appointment Jacob. I'm looking forward to having you on board with the Habitat Section and as a part of our Natural Heritage Program. Please don't hesitate to contact me at 605.773.4194 or paul.coughlin@state.sd.us if you have any questions.

Sincerely,

Paul Coughlin  
Terrestrial Habitat Program Administrator

Salary 46,425.60  
monthly = \$ 3,868.18

CC: Jeff Wilson, BHR

Enclosures



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## Application

Scott Lee

Name of Applicant

\$56,367.96

Yearly Salary

40684

Bureau of Human Resources Class Code

Forsyth, MT

City, State Moving From

Forensic Chemist

New Position Title

Pierre

New Post of Duty (City)

5/1/2019

Employment Date with the State

DoH

Agency Employed By

5/2019

Expected Month/Year of Move

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Scott Lee

Signature of Applicant

7/17/2019

Date

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Kim Malsam-Rysdon

Name of Authorized Agent

Kim Malsam-Rysdon 7/23/19

Signature of Authorized Agent Date

Cabinet Secretary

Position/ Title of Authorized Agent

Department of Health

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 HEALTH

Division of Administration  
Public Health Laboratory  
www.southdakotagov/lab

615 East 4th Street | Pierre, SD 57501 | Fax: (605) 341-3170 | TDD: (605) 341-3171

April 15, 2019

Scott Lee  
164 Snapper Dr PO Box 1123  
Forsyth MT 59327

Dear Mr. Lee,

This letter is to confirm our offer of employment for the position of Forensic Chemist, for the state of South Dakota, Department of Health in the State Laboratory. If accepted, your employment would begin in May, 2019 at an hourly rate of \$27.10/hr.

This offer is conditional based upon successfully completing and passing a background investigation. Please contact me by April 19, 2019 to confirm your acceptance of our offer.

The Department of Health has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines. Reimbursement of expenses up to one month's salary, or \$4697.33, and based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be for eligible expenses.

If you have any questions, please contact me at (605) 280-4517. I look forward to your positive response.

Sincerely,

A handwritten signature in cursive script that reads "Tim Southern".

Timothy Southern  
Director, South Dakota Public Health Laboratory

Cc: Cheryl Stone, Human Resourced Manager  
Personnel File

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### Application

**Daniel Seman**

Name of Applicant

**\$50,000.00**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Coshcoton, OH**

City, State Moving From

Visiting Assistant Professor of Animation

New Position Title

**Madison, SD**

New Post of Duty (City)

**August 22, 2019**

Employment Date with the State

**Dakota State University**

Agency Employed By

**July 2019**

Expected Month/Year of Move

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Signature of Applicant

Date

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**Stacy Krusemark**

Name of Authorized Agent



Signature of Authorized Agent

**August 13, 2019**

Date

**VP Business & Admin Services**

Position/ Title of Authorized Agent

**Dakota State University**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

Date

Signature of Secretary, State Board of Finance

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## Application

Daniel Seman

Name of Applicant

Visiting Assistant Professor of Animation

New Position Title

Dakota State University

Agency Employed By

\$50,000.00

Storm Lake, IA

Madison, SD

July 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

August 22, 2019

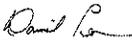
Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

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

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



Signature of Applicant

June 21, 2019

Date

## Authorization

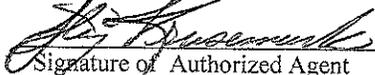
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best 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

 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](mailto: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.

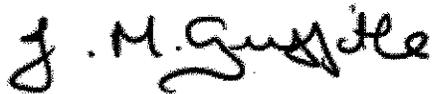
You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of 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.

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

## **Dakota State University Expectations of Employment Document**

We are pleased to extend an offer of employment and membership with Dakota State University in the College of Arts & Sciences. This expectations document is made in conjunction with the offer of employment from Dakota State University. Dakota State University is a public University under the governance of the South Dakota Board of Regents.

1. **Appointment.** Appointee is hereby appointed a Visiting Assistant Professor of Animation, employed at 100% time, within the College of Arts & Sciences, subject to provisions herein. This is a visiting professor appointment and position DE9645.
2. **Salary, Leave and Benefits.** Appointee shall be paid \$50,000.00 which will be paid out over 12 payrolls. Depending on funding conditions and annual state salary policy, Dakota State University may subsequently adjust the Appointee's compensation to include performance-based merit and market increases.

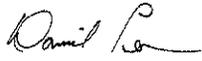
Payroll period dates are the 22<sup>nd</sup> through the 21<sup>st</sup>, with payment on the last working day of each month. Eligible leave will be accrued in accordance with your contract and faculty will be required to request leave via the leave request system. Benefits are administered through the State of South Dakota and are provided to any employee who is in a regular position, employed at 50% time or greater. The base salary could be subject to change should there be a change in duties, appointment percent or contract length. Your first paycheck for this position will be on September 30, 2019.

3. **Term.** This is a 9 month appointment which begins on 8/22/2019. Annual appointment dates are August 22<sup>nd</sup> through May 21<sup>st</sup>. New hire and faculty orientation will begin on August 19, 2019 and run through August 23, 2019, prior to classes beginning, in accordance with the COHE Agreement. 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

This appointment is subject to the constitution and laws of the State of South Dakota, policies and regulations of the Board and of Dakota State University, insofar as these may govern terms and conditions of employment As a faculty member included in the Council of Higher Education (COHE) bargaining unit, here is the URL to find the University Faculty Collective Bargaining Agreement: [https://www.sdbor.edu/policies\\_initiatives/univfacubagree.htm](https://www.sdbor.edu/policies_initiatives/univfacubagree.htm)

4. **Verification of Credentials.** Within 60 days of accepting this position, Appointee agrees to have sent to Dakota State University, certified copies of any transcript(s) reflecting the award of degree(s) listed as received on the Appointee's curriculum vitae. Appointee further agrees to provide to Dakota State University, upon its request, evidence of employability as required by the United States Immigration Laws. Appointee agrees that the employment of Appointee is terminable by Dakota State University if at any time Appointee fails to provide such evidence.
5. **Controlling Law.** This expectation document shall be construed according to the laws of the State of South Dakota.

I have read, understand and accept all the expectations of my employment as outlined:



\_\_\_\_\_  
Signature of Appointee

June 21, 2019

\_\_\_\_\_  
Date

Enc: URL for University Standards Document  
<http://www.dsu.edu/hr/policies/documents/StandardsDoc-UpdatedSummer2012.pdf>

# 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

Michael K. Wanous

Name of Applicant

170,000

Yearly Salary

Huntington, IN

City, State Moving From

Provost

New Position Title

Aberdeen, SD

New Post of Duty (City)

July 1, 2019

Employment Date with the State

Northern State Univ.

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.

Michael Wanous

Signature of Applicant

7/11/19

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.

Veronica Paulson

Name of Authorized Agent

Vice President for Finance & Administration

Position/ Title of Authorized Agent

Veronica Paulson

Signature of Authorized Agent

7/31/19

Date

Northern 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



northern *State* university

ACC0118023

MEMORANDUM

DATE: May 14, 2019  
 TO: Michael Wanous  
 FROM: Timothy M. Downs, President *T. Downs*  
 RE: Appointment with Academic Affairs, Northern State University

RECEIVED

JUL 01 2019

Payroll Office  
Northern State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Provost/Vice President for Academic Affairs in the Academic Affairs Office. The effective date of this appointment is July 1, 2019. Annual appointment dates are June 22, 2019, through June 21, 2020. Your salary is \$166,458.00 based on an annual salary of \$170,000.00 for twelve (12) months at 100% time. Dr. Timothy Downs is your direct supervisor. As with all employees, you will be evaluated annually.

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 July 1, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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.

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 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 Northern 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. 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 Provost/Vice President for Academic Affairs, your position is eligible for state benefits to include household moving allowance of up to one (1) month 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 a signed copy to the attention of Human Resources, Northern State University, 1200 South Jay Street, Aberdeen, SD 57401-7198, no later than June 3, 2019, retaining a copy for your records.

I accept the job offer outlined above.

*Michael K. Wanous*  
Signature

*May 14, 2019*  
Date

Index #510130 (95%) and 510245 (5%); NE9799

July 10,625.<sup>00</sup>  
A-June 14,166.<sup>67</sup>

Moving Expenses for Michael Wanous  
7-11-2019

1. Moving company, Dial-A-Move. \$11,360.17
2. Moving materials:
  - a. \$9.96
  - b. \$9.96
  - c. \$12.43
  - d. \$10.67
  - e. \$9.60
  - f. TOTAL \$52.62
3. Mileage from 1034 Oak St, Huntington, IN to 1603 N State St, Aberdeen, SD. 928 miles.
  - a. June 27, 2019. Huntington, IN to Sioux Falls, SD.
  - b. June 28, 2019. Sioux Falls, SD to Aberdeen, SD.
  - c. TOTAL mileage = 928 miles x \$0.42/mile = \$389.76
4. Per diem for meals. June 27, 2019, 6:53 AM to 5:50 PM. Lunch = ~~\$18.00~~  
\$28.00
5. TOTAL = ~~\$11,820.55~~  
11,830.55

(2 @ \$14 each)

VP amount adjusted  
to reflect correct  
per diem rates

-  **6. Turn left onto W US Highway 30/US-30 W. Continue to follow US-30 W (Crossing into Illinois).**  
*US-30 W is just past W US Highway 30.*
- If you are on N State Road 5 and reach N Depot St you've gone a little too far.*
- Then 105.12 miles 128.03 total miles
-  **7. Turn left onto E Lincoln Hwy/Lincoln Highway/US-30 W. Continue to follow US-30 W.**  
*If you are on Glenwood Dyer Rd and reach Jennifer Dr you've gone a little too far.*
- Then 24.16 miles 152.19 total miles
-  **8. Turn slight left to take the I-80 W ramp toward Moline-Rock Island.**  
*0.2 miles past Old Hickory Rd.*
- Then 0.02 miles 152.20 total miles
-  **9. Merge onto I-80 W via the ramp on the left.**
- Then 127.09 miles 279.29 total miles
-  **10. Stay straight to go onto I-280 W (Crossing into Iowa).**
- Then 27.14 miles 306.44 total miles
-  **11. Merge onto I-80 W via the exit on the left toward Des Moines.**
- Then 50.82 miles 357.25 total miles
-  **12. Merge onto I-380 N/IA-27 N via EXIT 239B toward Cedar Rapids/Waterloo.**
- Then 64.99 miles 422.25 total miles
- 13. Take the I-380 N/IA-27 N exit on the left toward Waterloo/US-20 W.**
- Then 0.99 miles 423.23 total miles
-  **14. Merge onto US-20 W.**
- Then 213.99 miles 637.23 total miles

-  **15. Stay straight to go onto E Gordon Dr/US-20 Bus W/IA-12. Continue to follow IA-12.**  
Then 5.31 miles 642.54 total miles
  
-  **16. Merge onto I-29 N toward Sioux Falls (Crossing into South Dakota).**  
Then 209.86 miles 852.40 total miles
  
-  **17. Take the US-12 exit, EXIT 207, toward Aberdeen/Milbank.**  
Then 0.24 miles 852.64 total miles
  
-  **18. Turn left onto US-12 W.**  
*If you reach I-29 N you've gone about 0.3 miles too far.*  
Then 70.98 miles 923.62 total miles
  
-  **19. Turn right onto Brown County 19/County Hwy-19.**  
*Brown County 19 is 0.2 miles past Columbia Dr.*  
*If you reach 7th Ave you've gone about 0.1 miles too far.*  
Then 2.00 miles 925.62 total miles
  
-  **20. Turn left onto 24th Ave/County Hwy-15.**  
*24th Ave is 0.1 miles past Schipke Ln.*  
*If you reach the end of 390th Ave you've gone about 0.1 miles too far.*  
Then 2.22 miles 927.84 total miles
  
-  **21. Turn left onto N State St.**  
*N State St is 0.1 miles past Penn St.*  
*If you are on 24th Ave and reach 22nd Ave you've gone a little too far.*  
Then 0.43 miles 928.27 total miles
  
-  **22. 1603 N State St, Aberdeen, SD 57401-1464, 1603 N STATE ST is on the right.**  
*Your destination is just past 17th Ave.*  
*If you reach 16th Ave you've gone a little too far.*



See back of receipt for your chance  
to win \$1000 ID #:7N5YC2TORX8



260-358-8311 Mgr: JAMES CLARK  
2800 WAL MART DR  
HUNTINGTON IN 46750  
ST# 02311 OP# 005536 TE# 72 TR# 01004  
HD PACK TAPE 005113196134 3.97 X  
HD TAPE 50M 005113157611 5.97 X  
GARAGE LABEL 007278216725 1.68 X  
SUBTOTAL 11.62  
TAX 1 7.000 % 0.81  
TOTAL 12.43  
MCARD TEND 12.43

MASTERCARD \*\*\*\* \* 8719 I 3  
APPROVAL # 03356P  
REF # 919600115411  
PAYMENT SERVICE - A  
AID A0000000041010  
TC B3ADDF46EB43D028  
TERMINAL # SC010385  
\*NO SIGNATURE REQUIRED  
05/16/19 08:44:46

CHANGE DUE 0.00  
# ITEMS SOLD 3  
TC# 6297 9585 9909 3896 7778



Low Prices You Can Trust. Every Day.  
05/16/19 08:44:47  
\*\*\*CUSTOMER COPY\*\*\*



*Mary  
Expense*

See back of receipt for your chance  
to win \$1000 ID #:7N5YW6TOYXF



260-358-8311 Mgr: JAMES CLARK  
2800 WAL MART DR  
HUNTINGTON IN 46750  
ST# 02311 OP# 009044 TE# 44 TR# 06775  
CTNN ROLL 007874209290 F 1.16 0  
CLAYTON BAR 082090917304 9.96 X  
BAR 082090917304 9.96 X  
SUBTOTAL 21.08  
TAX 1 7.000 % 1.39  
TOTAL 22.47  
MCARD TEND 22.47

MASTERCARD \*\*\*\* \* 6143 I 1  
APPROVAL # 02378P  
REF # 1042000314  
AID A0000000041010  
TC 299FC590AFF6EA41  
TERMINAL # SC011335  
\*NO SIGNATURE REQUIRED  
05/21/19 19:54:21

CHANGE DUE 0.00  
# ITEMS SOLD 3  
TC# 5202 2737 2932 6723 3001



Low Prices You Can Trust. Every Day.  
05/21/19 19:54:21  
\*\*\*CUSTOMER COPY\*\*\*

Scan with Walmart app to save receipts



See back of receipt for your chance  
to win \$1000 ID #:7N69PDTOWM1



260-358-8311 Mgr: JAMES CLARK  
2800 WAL MART DR  
HUNTINGTON IN 46750  
ST# 02311 OP# 009035 TE# 35 TR# 04562  
SHIPPING TAPE 007630814877 8.97 X  
SUBTOTAL 8.97  
TAX 1 7.000 % 0.63  
TOTAL 9.60  
MCARD TEND 9.60

MASTERCARD \*\*\*\* \* 6143 I 1  
APPROVAL # 04681P  
REF # 1042000314  
AID A0000000041010  
TC 35B97CADBBA3EA42  
TERMINAL # SC011261  
\*NO SIGNATURE REQUIRED  
06/25/19 09:58:29

CHANGE DUE 0.00  
# ITEMS SOLD 1  
TC# 7257 9204 9689 3592 4738



Low Prices You Can Trust. Every Day.  
06/25/19 09:58:29  
\*\*\*CUSTOMER COPY\*\*\*

See back of receipt for your chance  
to win \$1000 ID #:7N5YW7TOW67



260-358-8311 Mgr: JAMES CLARK  
2800 WAL MART DR  
HUNTINGTON IN 46750  
ST# 02311 OP# 009045 TE# 45 TR# 04165  
STORAGE TAPE 005113176285 9.97 X  
SUBTOTAL 9.97  
TAX 1 7.000 % 0.70  
TOTAL 10.67  
MCARD TEND 10.67

MASTERCARD \*\*\*\* \* 6143 I 1  
APPROVAL # 00726P  
REF # 1042000314  
AID A0000000041010  
TC D71F0DE7 08350  
TERMINAL # SC011214  
\*NO SIGNATURE REQUIRED  
05/21/19 19:54:04

CHANGE DUE 0.00  
# ITEMS SOLD 1  
TC# 5222 2932 2332 6729 5041



Low Prices You Can Trust. Every Day.  
05/21/19 19:54:04  
\*\*\*CUSTOMER COPY\*\*\*

Scan with Walmart app to save receipts



## 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

**Olivia Burgess**

Name of Applicant

**\$59,000**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Littleton, CO**

City, State Moving From

**Assistant Professor - HUM Dept.**

New Position Title

**Rapid City**

New Post of Duty (City)

**08/22/2019**

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

**August 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.

DocuSigned by:

*Olivia Burgess*

EOE45914CC1A42A

Signature of Applicant

4/12/2019 | 8:09:26 PM MDT

Date

### Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

**James Rankin**

Name of Authorized Agent

*James M. Rankin*

Signature of Authorized Agent

4/12/2019 | 3:08:32 PM MDT

Date

**President**

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

SOUTH DAKOTA



SCHOOL OF MINES  
& TECHNOLOGY

**OFFICE OF THE PRESIDENT**

DATE: 4/12/2019 | 3:08:32 PM MDT

TO: Olivia Burgess

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Humanities  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
2171588AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Humanities Department, position ME9962.

The effective date of this appointment is August 22, 2019. Your salary is \$59,000 based on 9 months at 100% effort.

Dr. Allison Gilmore is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$16,862 or 29%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Olivia Burgess  
4/12/2019 | 3:08:32 PM MDT

Page Two

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
*Olivia Burgess*  
E0F45914CC1A42A...

4/12/2019 | 8:09:26 PM MDT

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Allison Gilmore  
Office of the Provost  
Human Resources  
Budget/Payroll

# 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

Maria Carreon

Name of Applicant

Assistant Professor - CBE Dept

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$87,500

Tulsa, OK

Rapid City

07/2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/2019

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:

Maria Carreon

Signature of Applicant

3/16/2019 | 7:08:26 PM MDT

Date

## Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

DocuSigned by:

James Rankin

3/15/2019 | 2:10:17 PM MDT

South Dakota School of Mines & Technology

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



**OFFICE OF THE PRESIDENT**

DATE: 3/15/2019 | 2:10:17 PM MDT

TO: Maria Carreon

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Chemical and Biological Engineering  
South Dakota School of Mines & Technology

DocuSigned by:  
*James Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Chemical and Biological Engineering Department, position ME9611.

The effective date of this appointment is August 22, 2019. Your salary is \$87,500 based on 9 months at 100% effort.

Dr. Robb Winter is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$20,821 or 24%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Maria Carreon  
3/15/2019 | 2:10:17 PM MDT

Page Two

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
  
7A286A226C8140F...

3/16/2019 | 7:08:26 PM MDT

---

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Robb Winter  
Office of the Provost  
Human Resources  
Budget/Payroll

# Household Moving Allowance State of South Dakota

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

Please check one:

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## Application

Jeri Jacobson		Head Women's Basketball Coach SD School of Mines & Technology	
Name of Applicant		New Position Title	Agency Employed By
75,500	Moscow, ID	Rapid City	August 2019
Yearly Salary		New Post of Duty (City)	Expected Month/Year of Move
00510	City, State Moving From	August 5, 2019	
Bureau of Human Resources Class Code		Employment Date with the State	

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:  
Jeri Jacobson 7/26/2019 | 4:29:59 PM MDT  
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.

James M. Rankin		President	
Name of Authorized Agent		Position/ Title of Authorized Agent	
<u>James M. Rankin</u>		SD School of Mines & Technology	
Signature of Authorized Agent		Agency of Authorized Agent	
7/26/2019   4:18:11 PM MDT	Date		

## Approval by State Board of Finance

Approved by the State Board of Finance on \_\_\_\_\_  
Date Signature of Secretary, State Board of Finance

SOUTH DAKOTA



SCHOOL OF MINES  
& TECHNOLOGY

**OFFICE OF THE PRESIDENT**

DATE: 7/26/2019 7/26/2019 | 4:18:11 PM MDT

TO: Jeri K. Jacobson

FROM: James M. Rankin, President  
South Dakota School of Mines and Technology

RE: Appointment with Intercollegiate Athletics  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Head Women's Basketball Coach in Intercollegiate Athletics, position ME9904. The effective date of this appointment is 8/5/2019. Annual appointment dates are June 22 through June 21. Your yearly salary is \$75500. This is a 12-month position working at a 100% level of effort for the pay periods July 22 to May 21. This position will be at 50% effort for the pay periods May 22 to July 21. Joel N. Lueken, Athletic Director, is your direct supervisor. As with all employees, you will be evaluated annually.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$20,787 or 28%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until such time as you make use of part or all of the accumulated time. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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 8/5/2019, and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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.

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

This notice acknowledges the employee has reviewed the conduct requirements for athletic personnel in NCAA Bylaw 10 and 11 and agrees to comply with NCAA bylaws. An athletic staff member who is found in violation of NCAA regulations shall be subject to disciplinary or corrective action as set forth in the provisions of the NCAA enforcement procedures in NCAA Bylaw 19 including suspension without pay or termination of employment for significant or repetitive violations. All BOR policies/contracts will be adhered in the event this action is taken.

# Household Moving Allowance State of South Dakota

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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

Cassie M. Kosiba

Associate Athletic Director of Internal Operations

SD School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

64,465

Shakopee, MN

Rapid City

August 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00345

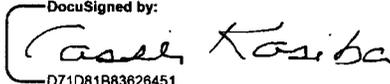
August 1, 2019

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:



D71D81B83626451...

Signature of Applicant

7/10/2019 | 12:19:34 PM PDT

Date

## Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James M. Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

James M. Rankin

7/10/2019 | 1:11:23 PM MST

SD School of Mines & Technology

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



**OFFICE OF THE PRESIDENT**

DATE: July 10, 2019

TO: Cassie M. Kosiba

FROM: James M. Rankin, President  
South Dakota School of Mines and Technology

RE: Appointment with Intercollegiate Athletics  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Associate Athletic Director of Internal Operations in Intercollegiate Athletics, position ME9724. The effective date of this appointment is August 1, 2019. Annual appointment dates are June 22 through June 21. Your yearly salary is \$64,465 based on 12 months at 100% effort. Joel N. Lueken, Athletic Director, is your direct supervisor. As with all employees, you will be evaluated annually.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$19,250 or 30%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until such time as you make use of part or all of the accumulated time. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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 1, 2019, and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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.

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

This notice acknowledges the employee has reviewed the conduct requirements for athletic personnel in NCAA Bylaw 10 and 11 and agrees to comply with NCAA bylaws. An athletic staff member who is found in violation of NCAA regulations shall be subject to disciplinary or corrective action as set forth in the provisions of the NCAA enforcement procedures in NCAA Bylaw 19 including suspension without pay or termination of employment for significant or repetitive violations. All BOR policies/contracts will be adhered in the event this action is taken.

Cassie M. Kosiba  
July 10, 2019  
Page Two

Your supervisor will review your position description with you when you begin your employment. A written performance and planning review document will be completed by you and your supervisor annually by December 31<sup>st</sup>.

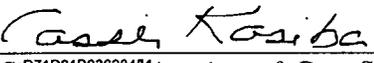
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please see the enclosed memo regarding the date and time we will meet to complete the necessary new employee paperwork. The memo also includes additional information regarding items you will need to bring to this meeting.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses (meals, lodging (original receipts required), mileage, airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo, retaining a copy for your records.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below. Please return this letter, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Household Moving Allowance form, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:  
 7/10/2019 | 12:19:34 PM PDT  
SDZ1081883628481  
*Signature of Appointee & Date Signed*

JR:nlf

Encl: Intellectual Property Agreement  
Household Moving Allowance form and information  
Information needed to complete payroll paperwork

cc: C Cox  
J Lueken

## Household Moving Allowance State of South Dakota

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

**Please check one:**

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### Application

**Micah Lande**

Name of Applicant

**\$85,000**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Mesa, AZ**

City, State Moving From

**Assistant Professor - ME Dept**

New Position Title

**Rapid City**

New Post of Duty (City)

**08/22/2019**

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

**August 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.

DocuSigned by:

*Micah Lande*

87DB496531824F6...

Signature of Applicant

4/24/2019 | 2:37:52 PM PDT

Date

### Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

**James Rankin**

Name of Authorized Agent

DocuSigned by:

*James M. Rankin*

Signature of Authorized Agent

4/24/2019 | 3:22:27 PM MDT

Date

**President**

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

SOUTH DAKOTA



SCHOOL OF MINES  
& TECHNOLOGY

**OFFICE OF THE PRESIDENT**

DATE: 4/24/2019 | 3:22:27 PM MDT

TO: Micah Lande

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Mechanical Engineering  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Mechanical Engineering Department, position ME9328. This appointment includes the E. R. Stensaas Chair for a period of 5 (five) years, which may be renewed by the E. R. Stensaas Chair Committee.

The effective date of this appointment is August 22, 2019. Your salary is \$85,000 based on 9 months at 100% effort.

Dr. Pierre Larochelle is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$20,474 or 24%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of

Micah Lande  
4/24/2019 | 3:22:27 PM MDT  
Page Two

employment. BOR requires direct deposit of payroll checks for all employees. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
*Micah Lande*  
87D8496531824F5...

4/24/2019 | 2:37:52 PM PDT

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Pierre Larochelle  
Office of the Provost  
Human Resources  
Budget/Payroll

# Household Moving Allowance State of South Dakota

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

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## Application

Malek Ramezani

Assistant Professor - EE Dept.

South Dakota School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$82,000

Vancouver, WA

Rapid City

08/2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/2019

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:

Malek Ramezani

3/1/2019 | 11:19:01 AM MST

6034BCE291014B8

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.

James Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

DocuSigned by:

James Rankin

3/1/2019 | 10:39:14 AM MST

South Dakota School of Mines & Technology

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

SOUTH DAKOTA



SCHOOL OF MINES  
& TECHNOLOGY

**OFFICE OF THE PRESIDENT**

DATE: 3/1/2019 | 10:39:14 AM MST

TO: Malek Ramezani

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Electrical Engineering  
South Dakota School of Mines & Technology

DocuSigned by:  
*James Rankin*  
21715BB8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Electrical Engineering Department, position ME9595.

The effective date of this appointment is August 22, 2019. Your salary is \$82,000 based on 9 months at 100% effort.

Dr. Magesh Rajan is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$20,057 or 24%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Malek Ramezani  
3/1/2019 | 10:39:14 AM MST

Page Two

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:

*Malek Ramezani*

3/1/2019 | 11:19:01 AM MST

6934BCB291014B6

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Magesh Rajan  
Office of the Provost  
Human Resources  
Budget/Payroll

# 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

Roman Shchepin

Asst. Professor - CABS Dept.

South Dakota School of Mines & Technology

Name of Applicant

New Position Title

Agency Employed By

\$71,000

Nashville, TN

Rapid City

08/2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

08/22/2019

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:

Roman Shchepin

3/8/2019 | 1:24:07 PM MST

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.

James Rankin

President

Name of Authorized Agent

Position/ Title of Authorized Agent

DocuSigned by:

Jim Rankin

3/4/2019 | 10:58:26 AM MST

South Dakota School of Mines & Technology

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

SOUTH DAKOTA



SCHOOL OF MINES  
& TECHNOLOGY

**OFFICE OF THE PRESIDENT**

DATE: 3/4/2019 | 10:58:26 AM MST

TO: Roman Shchepin

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Chemistry and Applied Biological Sciences  
South Dakota School of Mines & Technology

DocuSigned by:  
*Jim Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Chemistry and Applied Biological Sciences Department, position ME9970.

The effective date of this appointment is August 22, 2019. Your salary is \$71,000 based on 9 months at 100% effort.

Ms. Lori Coble is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$18,529 or 26%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Roman Shchepin  
3/4/2019 | 10:58:26 AM MST  
Page Two

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
*Roman Shchepin*  
E605B498EE7840E

3/8/2019 | 1:24:07 PM MST

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Ms. Lori Coble  
Office of the Provost  
Human Resources  
Budget/Payroll

# 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

Hyeong Suk Na

Name of Applicant

Assistant Professor - IE Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$75,000

Yearly Salary

University Park, PA

City, State Moving From

Rapid City

New Post of Duty (City)

August 2019

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/22/2019

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.

DocuSigned by:

Hyeong Suk Na

Signature of Applicant

4/27/2019 | 5:51:39 PM PDT

Date

## Authorization

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

DocuSigned by:

James M. Rankin

Signature of Authorized Agent

4/17/2019 | 6:38:44 PM MDT

Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



**OFFICE OF THE PRESIDENT**

DATE: 4/17/2019 | 6:38:44 PM MDT

TO: Hyeong Suk Na

FROM: James Rankin  
President  
South Dakota School of Mines & Technology

RE: Appointment with Department of Industrial Engineering  
South Dakota School of Mines & Technology

DocuSigned by:  
*James M. Rankin*  
21715B8AE35E43F...

I am pleased to offer you, subject to approval by the South Dakota Board of Regents, an appointment as Assistant Professor in the Industrial Engineering Department, position ME9844. This appointment includes the Pietz Endowed Professorship for a period of 2 (two) years.

The effective date of this appointment is August 19, 2019. The first year of this appointment will be August 19, 2019 to May 18, 2020. Subsequent annual appointment dates will be August 22<sup>nd</sup> to May 21<sup>st</sup>. Your salary is \$75,000 based on 9 months at 100% effort.

This offer is contingent upon your ability to procure the appropriate visa for legal employment in the United States by August 19, 2019 and South Dakota School of Mines & Technology receiving notification prior to August 19, 2019 that you have completed the requirements for you PhD.

Dr. Jeffrey Woldstad is your direct supervisor. As with all employees, you will be evaluated annually.

The date on which faculty unit members will be required to report for assigned duties will be no earlier than 5 (five) working days prior to the first day of classes for the first academic term of their contract. Faculty unit members will be released from duties incidental to their assigned courses no later than 5 (five) working days after the last day of final examinations in the last academic term of their appointment.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$19,085 or 25%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave.

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

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.

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 School of Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to

Hyeong Suk Na  
4/17/2019 | 6:38:44 PM MDT

Page Two

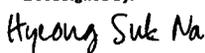
work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork.

Enclosed you will find a memo with additional information that you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

According to current state regulations (SDCL 3-9-12) concerning moving expenses, we are authorized to reimburse you for the cost of moving your household goods up to one month's salary. No specific allowance is provided for crating and packing, per se. If you should elect to perform the move using U-Haul or similar rental facilities, you can be reimbursed for expenses up to a maximum of one month's salary (original receipts and gas receipts required). Information on moving expense reimbursement and allowable household moving expenses is included for your information. Per Diem expenses to include: meals, lodging (original receipts required), mileage and airfare (boarding pass and itinerary required) are reimbursable. Please sign where indicated and return with this offer memo.

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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
  
006A214586E84AB...

4/27/2019 | 5:51:39 PM PDT

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Jeffrey Woldstad  
Office of the Provost  
Human Resources  
Budget/Payroll

# 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

Heidi Wagner

Name of Applicant

Distance Education Coordinator/Lecturer - CEE Dept

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$78,000

Madison, WI

Rapid City

July 2019

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00908

07/22/2019

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

DocuSigned by:

Heidi Wagner

4/15/2019 | 12:37:51 PM PDT

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.

James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

DocuSigned by:

James M. Rankin

4/13/2019 | 7:53:10 AM MDT

South Dakota School of Mines & Technology

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



**OFFICE OF THE PRESIDENT**

DATE: 4/13/2019 | 7:53:10 AM MDT

TO: Heidi Wagner

FROM: James Rankin, Ph.D.   
President  
South Dakota School of Mines & Technology

RE: Appointment with the Department of Civil and Environmental Engineering  
South Dakota School of Mines & Technology

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Distance Program Coordinator/Lecturer in the Civil and Environmental Engineering Department, position ME9562.

The effective date of this appointment is July 22, 2019. Your salary is \$78,000 based on 12 months at 100% effort.

Dr. Scott Kenner is your direct supervisor. As with all employees, you will be evaluated annually. Annual appointment dates are June 22<sup>nd</sup> to June 21<sup>st</sup>.

In addition to your base rate, the approximate value of the benefit package you receive is an additional \$19,502 or 25%. The benefit package includes employer contributions for health, life, worker's compensation, unemployment and PEPL insurance, and matching contributions for social security and retirement. Full-time employees accrue sick leave at the rate of 9.34 hours per month based on a full month of service. There is no maximum accumulation of sick leave. Full-time employees earn 120 hours of vacation time each year (15 days). This vacation allowance is accrued at the rate of 10 hours per month based on a full month of service. According to policy, no vacation leave may be used until you have completed six months of employment. You may accumulate up to a total of 240 hours of vacation time. Once this maximum accumulation is reached, accrual of vacation leave ceases until such time as you make use of part or all of the accumulated time.

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 July 22, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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.

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

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.

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 School of

Heidi Wagner  
4/13/2019 | 7:53:10 AM MDT

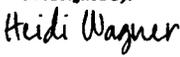
Page Two

Mines & Technology. Withholding statement (W-4) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources 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. Please contact Human Resources at (605) 394-1203 to schedule a time to complete the necessary new employee paperwork. Enclosed you will find a memo with additional information you will need to bring. You will also find a General Information form to complete and return with this offer memo, a memo regarding New Faculty Orientation, and the academic year 2019-20 calendar.

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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 the Expectations of Employment document, a signed copy of the enclosed agreement to assign Intellectual Property, the completed General Information form, and a signed copy of the Household Moving Allowance form to the Human Resources Office via DocuSign no later than 15 (fifteen) calendar days from the date of this memo.

I accept the job offer outlined above.

DocuSigned by:  
  
BDF525E5DB1E436

4/15/2019 | 12:37:51 PM PDT

*Signature of Appointee & Date Signed*

JR: mll

Encl: Expectations of Employment Document  
Intellectual Property Agreement  
Memo from HR – Benefit Orientation / Payroll Paperwork Completion  
SDBOR New Hire General Information form  
Memo from HR – New Faculty Orientation  
Academic Year 2019-20 Calendar  
Household Moving Allowance form and information

cc: Dr. Scott Kenner  
Office of the Provost  
Human Resources  
Budget/Payroll

## 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

Jarren Duffy

Name of Applicant

Director, Athletic Marketing & Promotions

New Position Title

USD Athletics

Agency Employed By

40,000

Ames, IA

Vermillion, SD

New Post of Duty (City)

July 2019

Expected Month/Year of Move

Yearly Salary

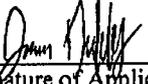
City, State Moving From

07/29/2019

Employment Date with the State

00364  
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

7/30/2019  
Date

### Authorization

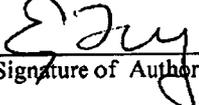
The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

 7/30/19  
Signature of Authorized Agent Date

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

## MEMORANDUM

DATE: July 12, 2019  
TO: Jarren Duffy  
FROM: Emery Wasley, Assist VP, Human Resources, University of South Dakota  
RE: Appointment with Intercollegiate Athletics, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Dir, Athletic Market & Promotions  
Department: Intercollegiate Athletics  
Effective Date: July 29, 2019  
Annual Salary: \$40,000  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply: 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 \$3,300.00 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.

The administrative appointment shall commence on July 29, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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. 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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 University of South Dakota. 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 Human Resources 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.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on August 7, 2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on August 14, 2019
- Anti-Harassment and Discrimination, 9:00 a.m. on July 31, 2019

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than July 26, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:  
Jarven Duffy 7/15/2019  
D24D873B98B2420...  
*Signature of Appointee & Date Signed*

Encl: Intellectual Property Form  
Employee Personal Data Sheet  
Conflict of Interest Form  
I-9 and W-4

# 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:

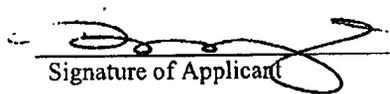
- State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

This document is a form used for the purpose of applying for a household moving allowance. It is not to be used for any other purpose. The information provided on this form will be used to determine the amount of the allowance and to process the voucher for reimbursement. The applicant must provide a written offer of employment and proof of payment of moving expenses. The applicant must also provide a copy of this form to the State Board of Finance. The applicant must also provide a copy of this form to the State Board of Finance. The applicant must also provide a copy of this form to the State Board of Finance.

## Application

<u>Kathleen Fitzgerald</u>	<u>Director University Housing</u>	<u>USD</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$75000</u>	<u>Vermillion</u>	<u>June/July 2019</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00314</u>	<u>6/18/2019</u>	
Bureau of Human Resources Class Code	Employment Date with the State	
<u>Youngstown, OH</u>		
City, State Moving From		

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.

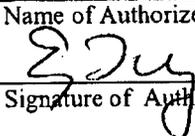
  
Signature of Applicant

7/2/2019  
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

 7/30/19  
Signature of Authorized Agent 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 \_\_\_\_\_

## MEMORANDUM

DATE: May 3, 2019  
TO: Kathleen Fitzgerald  
FROM: Carl Gutzman, Human Resources Generalist, University of South Dakota  
RE: Appointment with University Housing, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Director of University Housing  
Department: University Housing  
Effective Date: June 18, 2019  
Annual Salary: \$75,000.00  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply:  
Contract is for FY20 - June 22, 2019 - June 21, 2020 at \$75,000.00/year.

FY19 contract will be for June 18, 2019 to June 21, 2019 at the same annual rate of pay.

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 \$6,250.00 in moving expenses. Reimbursed moving expenses are considered taxable income.

The administrative appointment shall commence on June 18, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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. 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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 University of South Dakota. 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 Human Resources 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.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on wednesday, June 19
- Guidelines for Using and Reporting Leave, 8:15 a.m. on wednesday, July 10
- Anti-Harassment and Discrimination, 9:00 a.m. on wednesday, June 26

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than May 7, 2019, retaining a copy for your records.

I accept the job offer outlined above.

 5/3/19  
Signature of Appointee & Date Signed

Encl: Intellectual Property Form  
Employee Personal Data Sheet  
Conflict of Interest Form  
I-9 and W-4

# Household Moving Allowance State of South Dakota

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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

Adam Riley

Name of Applicant

40,000

Yearly Salary

00360

Bureau of Human Resources Class Code

Laramie, WY

City, State Moving From

Director of Ticket Sales & Operations

New Position Title

Vermillion, SD

New Post of Duty (City)

07/15/2019

Employment Date with the State

USD Athletics

Agency Employed By

July 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.

Adam Riley  
Signature of Applicant

7-15-19  
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.

Emery Wasley

Name of Authorized Agent

Emery Wasley  
Signature of Authorized Agent

Date

7/30/19

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

**MEMORANDUM**

DATE: June 27, 2019  
TO: Adam Riley  
FROM: Emery wasley, Assist VP, Human Resources, University of South Dakota  
RE: Appointment with Intercollegiate Athletics, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Director, Ticket Operations & Sales  
Department: Intercollegiate Athletics  
Effective Date: July 15, 2019  
Annual Salary: \$40,000  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply:  
N/A

The administrative appointment shall commence on July 15, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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. 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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 University of South Dakota. 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 Human Resources 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.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on July 17, 2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on August 14, 2019
- Anti-Harassment and Discrimination, 9:00 a.m. on July 31, 2019

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than July 5, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:  
Adam Riley 6/27/2019  
E78F088D93A3453...  
*Signature of Appointee & Date Signed*

Encl: Intellectual Property Form  
Employee Personal Data Sheet  
Conflict of Interest Form  
I-9 and W-4



UNIVERSITY OF  
SOUTH DAKOTA

June 28, 2019

Adam Riley  
Intercollegiate Athletics

Dear Adam

The contract issued on June 27, 2019 for the position of Director of Ticket Operations & Sales is amended to include the following special condition:

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 \$3,333 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.

If you have any questions, please contact me.

  
Emery Wasley  
Assist VP, Human Resources  
University of South Dakota

HUMAN RESOURCES

Slagle Hall, Room 206 • 414 East Clark Street • Vermillion, SD 57069 • 605-677-5671 • 605-677-6630 fax • www.usd.edu

# 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

Madison Gaffney

Name of Applicant

\$35,000

Yearly Salary

00511

Bureau of Human Resources Class Code

Woodbury, MN

City, State Moving From

Assistant Soccer Coach

New Position Title

Vermillion, SD

New Post of Duty (City)

July 8, 2019

Employment Date with the State

The University of South Dakota

Agency Employed By

July 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.

M. Gaffney  
Signature of Applicant

7/10/19  
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.

Emery Wasley

Name of Authorized Agent

Emery Wasley  
Signature of Authorized Agent

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

**MEMORANDUM**

DATE: June 24, 2019  
TO: Maddie Gaffney  
FROM: Emery Wasley, Assist VP, Human Resources, University of South Dakota  
RE: Appointment with Intercollegiate Athletics, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Assist Coach, Soccer  
Department: Intercollegiate Athletics  
Effective Date: July 8, 2019  
Annual Salary: \$35,000  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply: This notice acknowledges that the employee has reviewed the conduct requirements for athletic personnel in NCAA bylaw 11.1 and agrees to comply and require staff supervised to comply with NCAA, conference and institutional rules/regulations. A coach/staff member found in violation shall be subject to disciplinary/corrective action as set in the provisions of enforcement including suspension without pay or termination of employment for significant or repetitive violations. All BOR policies/contracts will be adhered in the event this type of action is taken. You are eligible for incentive payments according to USD Athletic Bonus Structure Plan.

The administrative appointment shall commence on July 8, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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. 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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 University of South Dakota. 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 Human Resources 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.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on July 17, 2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on July 10, 2019
- Anti-Harassment and Discrimination, 9:00 a.m. on July 31, 2019

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than July 3, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:

Madison Gaffney

6/30/2019

B4945BF6878D4F3...

*Signature of Appointee & Date Signed*

Encl: Intellectual Property Form  
Employee Personal Data Sheet  
Conflict of Interest Form  
I-9 and W-4



UNIVERSITY OF  
SOUTH DAKOTA

June 24, 2019

Madison Gaffney  
Intercollegiate Athletics

Dear Maddie

The contract issued on June 24, 2019 for the position of Assistant Coach, Soccer, is amended to include the following special condition:

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 \$2,900.00 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.

If you have any questions, please contact me.

  
Emery Wasley  
Assist VP, Human Resources  
University of South Dakota

HUMAN RESOURCES

Slagle Hall, Room 206 • 414 East Clark Street • Vermillion, SD 57069 • 605-677-5671 • 605-677-6630 fax • [www.usd.edu](http://www.usd.edu)

## 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

<p><u>Stephanie Hawks</u> Name of Applicant</p> <p><u>Douglas, GA</u> City, State Moving From</p> <p><u>48,000</u> Yearly Salary</p> <p><u>00 800</u> Bureau of Human Resources Class Code</p>	<p><u>Visiting Asst. Prof USD</u> New Position Title</p> <p><u>July</u> Agency Employed By</p> <p><u>Vermillion</u> New Post of Duty (City)</p> <p><u>August, 2019</u> Expected Month/Year of Move</p> <p><u>8-22-19</u> Employment Date with the State</p>
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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.

Stephanie Hawks  
Signature of Applicant

7-23-19  
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.

Emery Wasley  
Name of Authorized Agent

Emery 7/30/19  
Signature of Authorized Agent 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

MEMORANDUM

DATE: July 22, 2019  
TO: Stephanie Hawks  
FROM: Larry Schou, Dean, College of Fine Arts, University of South Dakota  
RE: Appointment with Department of Theatre, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Assistant Professor of Theatre. The effective date of this appointment is August 22<sup>nd</sup> 2019. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>. Faculty are required to report to work starting August 19<sup>th</sup>, 2019 for on campus meetings. Your salary is \$48,000 based on 9 months at 100% time. In addition to your base salary, you will receive additional benefits, including employer contributions for health, life insurance, unemployment, and matching contributions for Social Security, retirement, and worker's compensation with an estimated value of \$15,176.56 or 31.62% of salary. Department Chair, Raimondo Genna 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.

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 the University of South Dakota. 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 Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees.

As a Visiting Assistant Professor, your position is eligible for state benefits to include household moving allowance as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$2,000 in moving expenses.

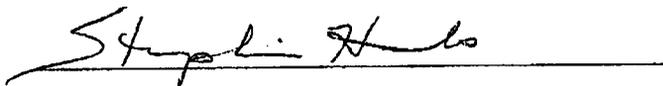
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than July 25<sup>th</sup> 2019, retaining a copy for your records. Send the signed documents to:

Monica Tiaht  
College of Fine Arts  
University of South Dakota  
414 E. Clark Street  
Vermillion, SD 57069

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

cc: Dr. Kurt Hackemer, Provost & Vice President of Academic Affairs  
Human Resources

I accept the job offer outlined above.



*Signature of Appointee*

<sup>ST</sup>  
7-23-19

*Date*

## Household Moving Allowance State of South Dakota

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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

Christopher Pape

Name of Applicant

45,000

Yearly Salary

Saint Charles, MO

City, State Moving From

00571

Bureau of Human Resources Class Code

Diving Coach/Assist Swim Coach

New Position Title

Vermillion, SD

New Post of Duty (City)

07/15/2019

Employment Date with the State

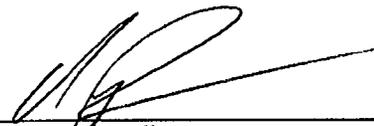
USD Athletics

Agency Employed By

July 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

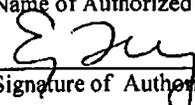
7/17/19  
Date

### 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.

Emery Wasley

Name of Authorized Agent

  
Signature of Authorized Agent

7/30/19  
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

**MEMORANDUM**

DATE: July 3, 2019  
TO: Chris Pape  
FROM: Emery wasley, Assist VP, Human Resources, University of South Dakota  
RE: Appointment with Intercollegiate Athletics, University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, a non-faculty exempt appointment. Details of the appointment are:

Title: Diving Coach/Assist Swim Coach  
Department: Intercollegiate Athletics  
Effective Date: July 15, 2019  
Annual Salary: \$45,000  
Appointment Months: 12  
Appointment Percent: 100

This offer is contingent on the favorable results of a background check. Other special conditions that apply: This notice acknowledges that the employee has reviewed the conduct requirements for athletic personnel in NCAA bylaw 11.1 and agrees to comply and require the staff supervised to comply with NCAA/conference and institutional rules/regulations. A coach/staff member found in violation shall be subject to disciplinary/corrective action as set forth in the provisions of enforcement including suspension without pay or termination of employment for significant or repetitive violations. All BOR policies/contracts will be adhered to if this type of action is taken. You are eligible for incentive payments according to the USD Athletic Bonus Structure Plan

The administrative appointment shall commence on July 15, 2019 and shall not extend beyond June 21, 2020. The administrative employment may be renewed 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. The administrative employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause.

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

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. 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.

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. Please review the policy, sign the form and return with this offer memo.

You are also required to complete the attached conflict of interest form pursuant to South Dakota Board of Regents Conflict of Interest, Board Policy No. 4:35.

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 University of South Dakota. 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 Human Resources 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.

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times. (NOTE: Sioux Falls and remote employees will be scheduled for one-on-one sessions).

- General Information and Benefits Overview, 8:15 a.m. on July 17, 2019
- Guidelines for Using and Reporting Leave, 8:15 a.m. on August 14, 2019
- Anti-Harassment and Discrimination, 9:00 a.m. on July 31, 2019

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and supporting documents no later than July 10, 2019, retaining a copy for your records.

I accept the job offer outlined above.

DocuSigned by:

Christopher W Pape

7/9/2019

B19F8DB5E803465...

*Signature of Appointee & Date Signed*

Encl: Intellectual Property Form  
Employee Personal Data Sheet  
Conflict of Interest Form  
I-9 and W-4



UNIVERSITY OF  
SOUTH DAKOTA

July 9, 2019

Christopher Pape  
Intercollegiate Athletics

Dear Chris

The contract issued on July 3, 2019 for the position of Diving Coach/Assistant Coach, Swimming, is amended to include the following special condition:

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 \$3,750.00 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.

If you have any questions, please contact me.

  
Emery Wasley  
Assist VP, Human Resources  
University of South Dakota

HUMAN RESOURCES

Slagle Hall, Room 206 • 414 East Clark Street • Vermillion, SD 57069 • 605-677-5671 • 605-677-6630 fax • [www.usd.edu/hr](http://www.usd.edu/hr)

**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: 7-19-19 Agency: Governor's Office of Economic Development  
Agency Address: 711 EAST Wells Ave Pierre, SD 57501  
Agency Phone Number: (605) 773-4633  
Employee Requesting Reimbursement: David SKAGGS  
Total Amount of Reimbursement: 250.00 - 8.00 BEER 242.00 Included Tip 18% = 238.97  
Date(s) of Hosting Expense: 7-15-19 7:52 pm Total  
Receipts Attached:  Y / N

Explanation of official business performed: Tom Lehr is the CGO for Star Blend A Dairy Feed Elevator with locations in Sparta WI and Chippewa Falls WI They explored SD Dairy Growth Sys ago, but we were at ASTAN still with No Home for additional M.I.K with Agro Pura Expansion They are looking to grow in SD

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] 7-19-19  
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.

[Signature] \_\_\_\_\_  
Name of Department/Office Head Position/Title of Agency Official

[Signature] \_\_\_\_\_  
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.

# Minerva's Breakdown

## Star Blend Feeds

July 15<sup>th</sup> 2019

Invoice for 6 dinner bill was:	210.06		
Minus 2 Tap Lite Beers @ 4.00 each	- 8.00		
Total before Tip:	202.06		
20% tip equals (210.06)	<del>42.01</del>	18?	36.91
Reimbursement request	\$ 247.07	238.97	

Thank you,

David Skaggs

Governor's Office Economic Development

Business Development Rep.

[David.skaggs@sdreadytowork.com](mailto:David.skaggs@sdreadytowork.com)

605 773 6578 office

605 280 4837 Cell

Black Hills Federal Credit Union

07/19/2019 01:11 PM

**VISA TRADITIONAL 0141**

Outstanding \$ [REDACTED]

Available credit \$ [REDACTED]

Amount due **\$0.00**

Next due **08/25/2019**

**Jul 10, 2019 - Jul 19, 2019 10 days**

Date	Description	Amount	Balance
07/16/2019	Purchase Visa Traditional / MINERVA SIOUX FALLS SD Date 07/15/19 0427539000030145301450 5812 %% Card 40 #4615	-\$250.06	[REDACTED]

David SKAGGS  
STAR Blends  
7-15-19

Only Invoice Available



[REDACTED]

# STAR Blends

Minerva's  
301 South Phillips Ave  
Sioux Falls, SD 57104  
605-334-0386

Server: Tara 07/15/2019  
Table 68/1 7:52 PM  
Guests: 6 70012

Soft Drink (4 @2.60)	10.40
Tap Lite (2 @4.00)	8.00
Minervas New York	36.00
Add Salad Bar	
Top Sirloin 8	23.00
Add Michael Toppings	
Honey Pepper Salmon	23.00
Ribeye 9	28.00
Add Salad Bar	
Steak Michael	29.00
Fresh Fish	36.00
Subtotal	195.40
Tax	14.66
Total	210.06

Balance Due 210.06

tip 40.00

Thank You  
Tell us how we're doing at 250.06  
feedback@minervas.net

**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: 8-13-2019 Agency: Board of Elections - SOS  
Agency Address: 500 E Capitol  
Agency Phone Number: 605-773-3537  
Employee Requesting Reimbursement: Board of Elections and Staff  
Total Amount of Reimbursement: \$ 67.50  
Date(s) of Expense: 8-13-2019  
Event Leave Time: 10:00 am Event Return Time: 2:05 pm  
Explanation of official business performed: Working lunch through Board of Elections meeting - agenda attached

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.

Steve Barnett  
Signature of Employee

8-13-19  
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 Barnett  
Name of Department/Office Head

Secretary of State  
Position/Title of Agency Official

Steve Barnett  
Signature of Department/Office Head

8-13-19  
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.**

# Board of Elections Sign-In

Date: 8/13/19

Name	Check those that apply		
	Travel	Lunch	Pierre Home Station
Rachul Salek		✓	✓
Bailey Tibbos		✓	✓
Christine Lehnkamp		✓	✓
Roy Mennenger		✓	✓
Rick Knabe	✓	✓	
LINDA LEE M. UYEN	✓	3	
Mike Bulby	✓	—	
Karen Layher	✓	✓	
Dea Wahne		✓	✓
Steve Barnett		✓	✓
[Signature]		✓	✓
Cari Cunn	✓	✓	
Emily Kerr		✓	✓
Bob Litz <sup>presenter</sup>		✓	



# OFFICE OF THE SECRETARY OF STATE

STEVEN J. BARNETT, SECRETARY OF STATE  
JASON LUTZ, DEPUTY SECRETARY OF STATE

## State Board of Elections Notice of Public Meeting

Tuesday, August 13, 2019  
10:00 a.m. CT

SD Association of County Officials  
211 East Prospect  
Pierre, South Dakota

Conference Call Dial-in Information:  
Dial-in Number is 866.410.8397  
Conference Code is 2178377981

### Agenda

1. *Call to Order*
2. *Approve the Agenda*
3. *Approve of the Draft Minutes from the June 18, 2018 Meeting*
4. *Rules Hearing Open: §§ 05:02:03:01, 05:02:04:17, 05:02:07:04, 05:02:08.00, 05:02:08.00.01, 05:02:08:01, 05:02:08:05, 05:02:08:07, 05:02:08:08, 05:02:08:09, 05:02:09:02.02, and 05:02:10:02, inclusive.*
5. *Update on Election Systems & Software Election Equipment Testing (July 22-24) for Certification*
6. *Update on County Held HAVA Funds*
7. *Update on Statewide Voter Equipment Purchase*
  - a. *Update on the 2018 \$3M Election Security Grant*
8. *2020 Proposed Election Related Legislation*
9. *Post-Election Audits, Bob Litz, Minnehaha County Auditor*
10. *Public Comments*
11. *General remarks*
12. *Adjournment*

Notice is further given to individuals with disabilities that this public meeting is being held in a physically accessible place.

428281

DATE: 8/13/19

NAME: Secretary of State

ADDRESS: # 251

SOLD BY:	CASH	C.O.D.	CHARGE ON ACCT.	MDSE RTD.	PAID OUT
			X		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	15 sandwiches @ 4.50/ea		67.50
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

CUSTOMERS ORDER NO. \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

### **DakotaMart**

PO Box 640  
 210 North 1st  
 Ft. Pierre, SD 57532  
 (605) 223-3141

TAX EXEMPT #1

COLD DELI  
 COLD DELI \$67.50 T F

BALANCE DUE \$67.50  
 STORE CHARGE \$67.50  
 IKI 251

CHANGE \$0.00

Total number of items sold = 1

TAX FORGIVEN \$4.39

CASHIER NAME: RUTH  
 STORE:00016 REGISTER:001 CASHIER:9001  
 TICKET#:0064 13AUG2019 11:38:49

Thank-You  
 for  
 Shopping with Us !

KEEP THIS COPY FOR YOUR RECORDS

©2001 REDIFORM® 5L527

**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

---

**Application**

Date: 06-10-2019 Agency: Health  
Agency Address: 600 E. Capitol Ave  
Agency Phone Number: 773-3923  
Employee Requesting Reimbursement: Susan Sporer  
Total Amount of Reimbursement: \$154  
Date(s) of Expense: 6-24-19  
Event Leave Time: 8 am Event Return Time: 5pm  
Explanation of official business performed: Working lunch

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.

Susan Sporer  
Signature of Employee

6-10-19  
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.

\_\_\_\_\_  
Name of Department/Office Head  
Kim Malsam-Rydon  
Signature of Department/Office Head

\_\_\_\_\_  
Position/Title of Agency Official  
6-10-19  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

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

## RedRossa Italian Grille

808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407  
**Banquet Check**

**BEO #: 884095**

Printed on: 6/25/2019 8:00:56 AM

<b>Account:</b> Department of Health <b>Post As:</b> DOH - Board Executive Meeting <b>Address:</b> Pierre, SD 57501  <b>Payment Method:</b>  <b>Accounting Information:</b>	<b>Event Date:</b> <b>Monday, 6/24/2019</b> <b>Contact:</b> Monica Harding <b>Phone:</b> 605-773-3923 <b>Fax:</b> <b>Email:</b> monica.harding@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Sonia Albers <b>Catering Mgr:</b> Sonia Albers
--	---

Date	Time	Setup	Set	Gtd	Room
Monday, 6/24/2019	09:30 AM-03:00 PM	U-Shape	15		Prairies

Qty	Menu Item	Unit	Total
1.00	Coffee	\$25.00	\$25.00
14.00	Sodas &/or Bottled Water	\$2.25	\$31.50
15.00	Roma Plated Lunch	\$9.50	\$142.50
<b>Food Totals</b>			<b>\$199.00</b>
1.00	Screen	\$0.00	\$0.00
<b>A/V Totals</b>			<b>\$0.00</b>
1.00	Prairies	\$100.00	\$100.00
<b>Room Totals</b>			<b>\$100.00</b>
<b>Total</b>			<b>\$299.00</b>
<b>Service Charge 1</b>			<b>\$35.82</b>
<b>Tax</b>			<b>\$0.00</b>
<b>Grand Total</b>			<b>\$334.82</b>
<b>Deposits Received</b>			<b>\$0.00</b>
<b>Amount Due</b>			<b>\$334.82</b>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 6/17/2019. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

**Folio #:**

**BEO #: 884095**

\_\_\_\_\_  
 Event Representative Authorized Signature                      Date

\_\_\_\_\_  
 Hotel Representative Signature    Date



*MH*

Board Executives Meeting, Monday, June 24<sup>th</sup>

Deni Amundson Deni Amundson

Margaret Hansen Margaret B. Hansen

Tyler Laetsch Tyler Laetsch

Jacob Lang Jacob Lang

Jill Lessleyoung \_\_\_\_\_

Kim Malsam-Rysdon Kim Malsam-Rysdon

Brittany Novotny Brittany Novotny

Julie Richter Julie Richter

Mitch Richter Mitch Richter

Susan Sporrer Susan Sporrer

Carol Tellinghuisen Carol Tellinghuisen

Marcia Walter Marcia Walter

Tammy Weis Tammy Weis

Justin Williams Justin Williams

Linda Young Linda Young

**Board Executives Meeting, Monday, June 24<sup>th</sup>**

Marcia Walter \_\_\_\_\_

Brittany Novotny \_\_\_\_\_

Carol Tellinghuisen \_\_\_\_\_

Jill Lesselyoung \_\_\_\_\_

Margaret Hansen \_\_\_\_\_

~~Gloria Damgaard \_\_\_\_\_~~

Linda Young \_\_\_\_\_

Tammy Weis \_\_\_\_\_

Deni Amundson \_\_\_\_\_

Kari Shanard-Koenders \_\_\_\_\_

Mitch Richter \_\_\_\_\_

Julie Richter \_\_\_\_\_

Justin Williams \_\_\_\_\_

Kim Malsam-Rysdon \_\_\_\_\_

Susan Sporrer \_\_\_\_\_

**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

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**Application**

Date: August 6, 2019

Agency: BHR

Agency Address: 500 E Capitol Avenue, Pierre, SD 57501

Agency Phone Number: 605.773.3148

Employee Requesting Reimbursement: Heather Perry

Total Amount of Reimbursement: \$187.20 (\$11.70 per person for 16 people)

Date(s) of Expense: July 29, 2019

Event Leave Time: 8 a.m. Event Return Time: 5 p.m.

Explanation of official business performed: The staff spent the day with a consultant discussing the future of the division.

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.

Heather Perry  
Signature of Employee

August 7, 2019  
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.

Tom Stebbins  
Name of Department/Office Head

Interim Commissioner BHR  
Position/Title of Agency Official

\_\_\_\_\_  
Signature of Department/Office Head

8/7/2019  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

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

**Benefits Staff Meeting  
July 29, 2019**

The following individuals were at the all-day training session at the AmericInn on July 29, 2019:

1. Tom Steckel
2. Lynn Job
3. Dulcie Stotts
4. Whitney Brunner
5. Kristie Longbrake
6. Liz Reimers
7. Debi Englehart
8. Sherri Weeldreyer
9. Roxanne Smith
10. Derek Moore
11. Josh Dutt
12. Kari Senger
13. Dawn Langley
14. Jill Ingalls
15. Bridget VanSickle
16. John Beranek

Please note the cost of the additional two meals listed on the invoice have been reimbursed separately to the State of South Dakota.

\* \* \*

# AmericInn

BY WYNDHAM

Americinn Fort Pierre  
 312 Island Dr  
 Fort Pierre, SD 57532  
 Tel: (605) 223-2358

07-30-19

<b>SD Bureau of Human Resources</b> <b>500 E Capitol Ave</b> <b>Pierre SD</b> <b>US</b>  SD Bureau of Human Resources	Folio No. : <b>13773</b> A/R Number : <b>BHR</b> Group Code : Company : <b>SD Bureau of Human Resources</b> Wyndham Rewards : Invoice No. : <b>2756</b>	Room No. : Arrival : Departure : Conf. No. : Rate Code : Page No. : <b>1 of 1</b>
--	--	--

Date	Description	Charges	Credits
07-30-19	Meeting Room 7/29/2019	350.00	
07-30-19	AV & Supplies Screen/Projector	50.00	
07-30-19	Food and Beverage Lunch @ \$9.95 ea	179.10	
07-30-19	Food and Beverage Setup & Delivery Fee	31.50	
<b>Total</b>		<b>610.60</b>	<b>0.00</b>
<b>Balance</b>		<b>610.60</b>	

**Guest Signature:** \_\_\_\_\_

Please contact the Manager about any issues with your stay. AmericInn or affiliates may contact you about goods and services unless you call 800-843-2400 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Americinn website about privacy.

**Thank you for staying with us.  
 It was our pleasure to serve you.**

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

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

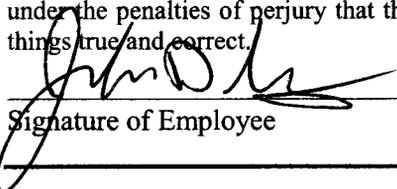
State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

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: August 7, 2019 Agency: GOED  
Agency Address: 711 E. Wells Ave. Pierre, SD 57501  
Agency Phone Number: 605.773.4633  
Employee Requesting Reimbursement: John Austin  
Total Amount of Reimbursement: \$14.00  
Date(s) of Expense: August 7, 2019  
Event Leave Time: 8:00 am Event Return Time: 3:00 pm  
Explanation of official business performed: Working lunch as part of a Director's meeting held for agency strategic planning, budget planning, and other matters.

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.

  
Signature of Employee

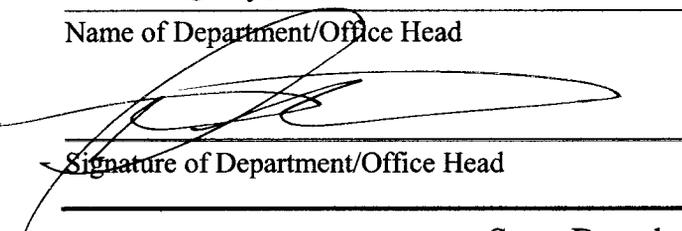
8/07/19  
Date

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 of Department/Office Head

8/7/19  
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.**

## **Strategic Planning Agenda**

August 7th – 8:00-3:00

Courtyard By Marriot, Board Room

4300 W Empire Place

Sioux Falls, SD

Wednesday, August 7

8:00-11:30

- I. Influencer List Discussion
- II. Duplication of efforts (speaking engagements, bank visits, etc)
- III. Discussion on next year's conference
- IV. Legislative Session-how to be more proactive with our communities
- V. 2020 Conference
- VI. Roundup
- VII. Trade Shows

11:30 -12:30 Director's Lunch

- I. WEDO (Joe)
- II. LRC meeting (Joe)
- III. GOAC (Cassie & Steve)
- IV. Audit engagement (Cassie)
- V. Proposals (John)

12:30-3:00

- I. FY20 Operating Budget (Travis)
- II. FY21 Budget Requests (Travis)
- III. Roles and Responsibilities (Steve)
- IV. Process for Proposals (Steve)
- V. Other

**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

---

**Application**

Date: 08/09/19 Agency: 0600  
Agency Address: 523 E Capitol Ave  
Agency Phone Number: 605-773-5903  
Employee Requesting Reimbursement: Red Brossa Italian Grille  
Total Amount of Reimbursement: \$140.00  
Date(s) of Expense: 08/07/19  
Event Leave Time: 10am Event Return Time: 3pm  
Explanation of official business performed: ADC Policy Advisory Committee  
working lunch.

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.

[Signature]  
Signature of Employee

8/9/2019  
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.

Kelly R. Hepler  
Name of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

8/12/19  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

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

## RedRossa Italian Grille

808 W Sioux Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407

### Banquet Check

BEO #: 886176

Printed on: 8/7/2019 1:24:57 PM

<b>Account:</b> Game, Fish, & Parks <b>Post As:</b> Game, Fish, & Parks <b>Address:</b>  <b>Payment Method:</b>  <b>Accounting Information:</b>	<b>Event Date:</b> <b>Wednesday, 8/7/2019</b> <b>Contact:</b> Keith Fisk <b>Phone:</b> 605-773-7595 <b>Fax:</b> <b>Email:</b> keith.fisk@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Sonia Albers <b>Catering Mgr:</b> Sonia Albers
---	---

Date	Time	Setup	Set	Gtd	Room
Wednesday, 8/7/2019	12:00 PM-01:30 PM	Rounds of 6	25		Plains

Qty	Menu Item	Unit	Total
1.00	Coffee	\$25.00	\$25.00
8.00	Sodas &/or Bottled Water	\$2.25	\$18.00
21.00	Pranzo Lunch Buffet	\$12.00	\$252.00
<b>Food Totals</b>			<b>\$295.00</b>
1.00	Plains	\$100.00	\$100.00
<b>Room Totals</b>			<b>\$100.00</b>
<b>Total</b>			<b>\$395.00</b>
<b>Service Charge 1</b>			<b>\$53.10</b>
<b>Tax</b>			<b>\$0.00</b>
<b>Grand Total</b>			<b>\$448.10</b>
<b>Deposits Received</b>			<b>\$0.00</b>
<b>Amount Due</b>			<b>\$448.10</b>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 8/2/2018. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

Folio #:

BEO #: 886176

\_\_\_\_\_  
Event Representative Authorized Signature      Date

\_\_\_\_\_  
Hotel Representative Signature      Date

10 x \$14 = \$140.00

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 08/12/2019 14:45:32

REQUEST: \_\_\_\_\_

=====

INVOICE NUMBER : \_\_\_\_\_ 886176 DATE: 08/07/2019 MODEL: \_\_\_\_\_

VENDOR SHORT NM: REDROSSAITALIAN FS MIDWEST RESTAURANT VENTURES CURR : \_\_\_\_\_

VENDOR NUMBER : \_12316039\_ PIERRE CM/DM : I

PO REFERENCE : \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: 001 PYMT DUE DATE: \_\_\_\_\_ DO NOT USE : \_\_\_\_\_

REMIT MSG: \_ BEO# 886176 SD GAME FISH AND PARKS \_\_\_\_\_

SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 IRC
0001	295.00	001	3123	52053900	0610740	0008	9300
						NNNN	NO
0002	153.10	001	3123	52045100	0610740	0008	9300
						NNNN	M1
0003							
0004							

: \_\_\_\_\_ : \_\_\_\_\_

: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 448.10 \_

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.

08/12/2019

Claimant Date

Authorization Date

Authorization Date

**Name**

- Lowell Mesman
- ✦ Kelly Hepler -  
Mark Ohm
- ✦ Keith Fisk
- ✦ Kim Vanneman
- ✦ Kyle Holt  
Steve Clements
- ✦ Tom Gere  
Jim VanDyke  
Clark Blake  
Jacquie Ermre  
John Kanta  
Dave Jennings  
Mark DeVries
- ✦ Nathan Baker  
John Paulson
- ✦ Kevin Robling
- ✦ Katie Nold
- ✦ Rich Vallery
- ✦ Jason Simmons

Home station

$$10 \times \$14 = \$140.00$$



**SOUTH DAKOTA GAME, FISH AND PARKS  
ANIMAL DAMAGE CONTROL POLICY ADVISORY  
COMMITTEE MEETING – AGENDA  
AUGUST 7, 2019 – 10:00AM TO 3:00PM (CDT)  
RED ROSSA ITALIAN GRILLE, PIERRE, SD**

**Wednesday, August 7th**

10:00 am	Welcome, Introductions, and Review of Agenda	Kevin Robling
10:15 am	Comments from the Governor's Office	Governor's Office
10:30 am	What's going on in your area?	Committee Members
10:45 am	Comments from Game, Fish and Parks Secretary	Secretary Kelly Hepler
11:00 am	Comments from Department of Agriculture Secretary	Secretary Kim Vanneman
11:15 am	Review of 2018 Meeting	Committee Members
11:30 am	FY 2019 – GFP - ADC Program Summary	Keith Fisk
12:00 pm	Break before lunch	
12:10 pm	Lunch (Provided on Site)	
1:00 pm	USDA-Wildlife Services Update/Summary	John Paulson
1:30 pm	Overall Program Discussion and Questions	All
1:45 pm	Thermal Use and Techniques for Coyote Control	Brad Janecke
2:15 pm	GFP Commission Update – Trapping Items	Keith Fisk
2:30 pm	Additional Questions, Discussion, Topics	All
3:00 pm	Adjourn	

**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

**Application**

Date: 6/11/19 Agency: Game, Fish & Parks - Mike Aermann  
Agency Address: 23900 State Park Dr Madison, SD 57042  
Agency Phone Number: 605-256-5003  
Employee Requesting Reimbursement: Annah Jorgenson  
Total Amount of Reimbursement: 11:00  
Date(s) of Expense: 5/8/19  
Event Leave Time: 9:30 am Event Return Time: 3:00 pm  
Explanation of official business performed: Archaeology class

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.

[Signature]  
Signature of Employee

6/11/19  
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.

\_\_\_\_\_  
Name of Department/Office Head

\_\_\_\_\_  
Position/Title of Agency Official

\_\_\_\_\_  
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 to voucher to be sent to the State Auditor's Office.**

STATE OF SOUTH DAKOTA  
TRAVEL PAYMENT DETAIL

NAME Hannah Jorgenson  
ADDRESS 23409 State Park Drive Madison, SD 57042

ORGANIZATION Game Fish and Parks  
BUDGET ENTITY \_\_\_\_\_

Invoice ID	Date	Employee No	Return Date	Adv	Exp	License No.	Home Station			
		163576		N			Madison, SD			
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time		Project Code	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense
		Leave	Return							
5/8	Madison - archeological Training	9:30A	3pm					11		
6/18	Wentworth - (walkers)	11A	1:05					11		
7/8	Wentworth - (walkers)	9:30	2:30					14		
Only Invoice Available										
SUBTOTALS				0	\$0.00	\$0.00	36	\$0.00	\$0.00	\$0.00

**Coding**  
Walker's : 3125-52031400-0620150 \$ 36  
DJ: 2023-52031400-0620151-036-0008-4522 \$ \_\_\_\_\_

PURPOSE OF TRAVEL  
Archeological Training, ~~Wentworth~~ Steamy

GRAND TOTAL	\$
APPLY TO ADVANCE	-
AMOUNT REIMBURSABLE	\$ 36

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]  
Claimant

7/9  
Date

[Signature]  
Authorization

7/10/19  
Date

Authorization

Date



# Office of the State Auditor

Steven J. Barnett, State Auditor

Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070

Telephone: (605) 773-3341 • Fax: (605) 773-5929

www.sdauditor.gov

## Delayed Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant's travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

**3:05:03:03.1. Voucher submission timing.** A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

**General Authority:** SDCL 4-9-1.1.

**Law Implemented:** SDCL 3-9-8, 4-9-1.1.

Claimant name:

Hannah Jorgenson

Invoice number:

Reason for delay:

Did not turn in on time

Claimant Signature

Date

Agency Official Authorization

Date

**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: 8/2/2019 Agency: SD Gf+P  
Agency Address: 523 E Capitol Ave Pierre, SD 57501  
Agency Phone Number: 605-773-3387  
Employee Requesting Reimbursement: Anthony Potter  
Total Amount of Reimbursement: \$ 834.14  
Date(s) of Expense: 7/11/19 thru 7/18/19  
Event Leave Time: 5:30 AM Event Return Time: 8:00 PM  
Explanation of official business performed: perform Duties of WCO trainee

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.

 8/2/19  
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.

\_\_\_\_\_  
Name of Department/Office Head Position/Title of Agency Official  
\_\_\_\_\_  
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.**

Game Fish and Parks

Direct Invoice

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 08/06/2019 11:48:14

REQUEST: \_\_\_\_\_

=====  
EMP VOUCHER NBR: \_\_\_\_\_ Z060RB02 DATE: 07/18/2019 MODEL: \_\_\_\_\_

EMP SHORT NAME : POTTERANTHONYJ POTTER, ANTHONY J CURR: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_162965\_\_\_ VIVIAN CM/DM : I

TRAVEL BEG DATE: \_\_\_07/01/2019\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_ PYMT DUE DATE: 08/06/2019 DO NOT USE : \_\_\_\_\_

REMIT MSG: \_\_\_ TRAVEL FROM 07/01-07/18/2019 \_\_\_\_\_

SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP CO	ACCOUNT	CENTER	PROJ-CO NUMBER
0001	680.00	001	3122 52031500	0610520	
				N N N N	

0002	154.14	001	3122 52030300	0610520	
	367			N N N N	

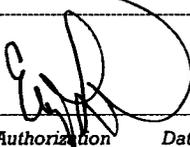
0003 \_\_\_\_\_

0004 \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ GROSS AMOUNT: \_\_\_\_\_ 834.14

-----  
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.  
-----

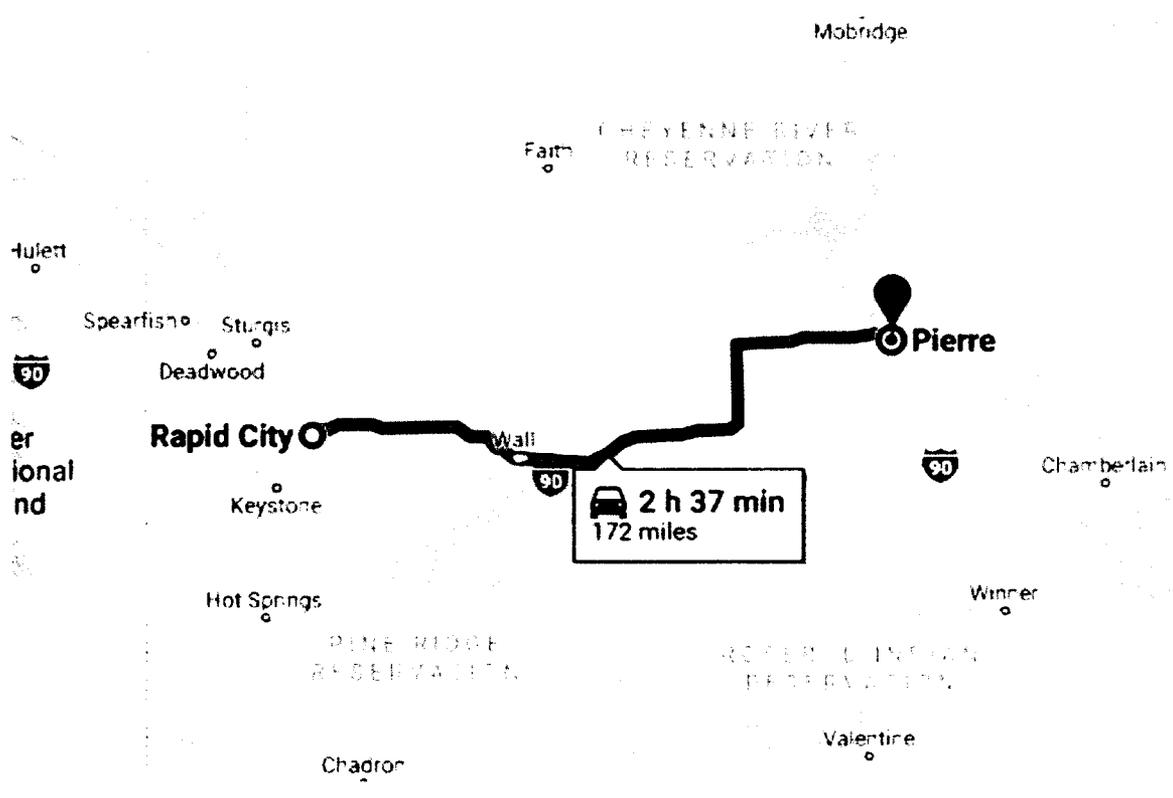
\_\_\_\_\_  
Claimant Date

  
\_\_\_\_\_  
Authorization Date

08/06/2019

\_\_\_\_\_  
Authorization Date





**Rapid City, South Dakota**

Leave now ▼ **OPTIONS**

Send directions to your phone

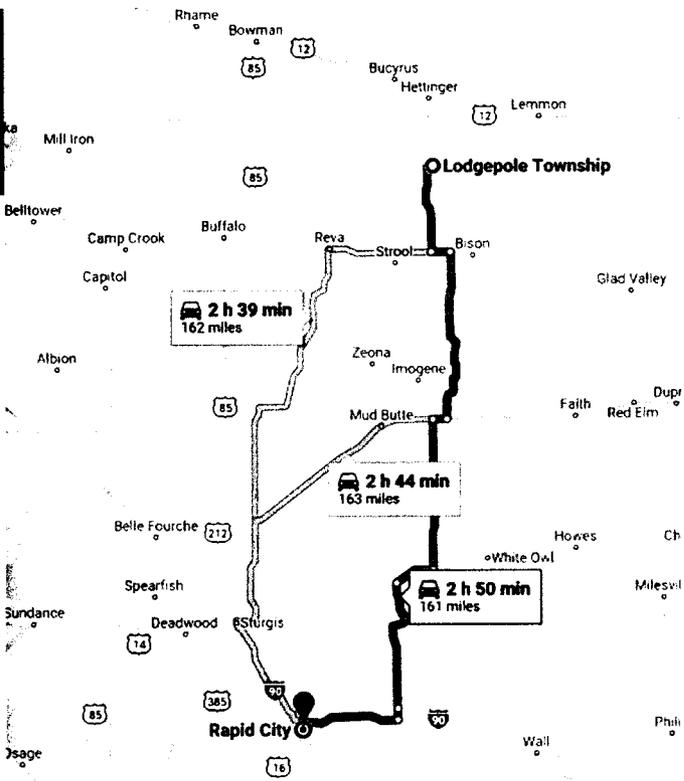
via SD-79 S **2 h 39 min**  
Fastest route 162 miles

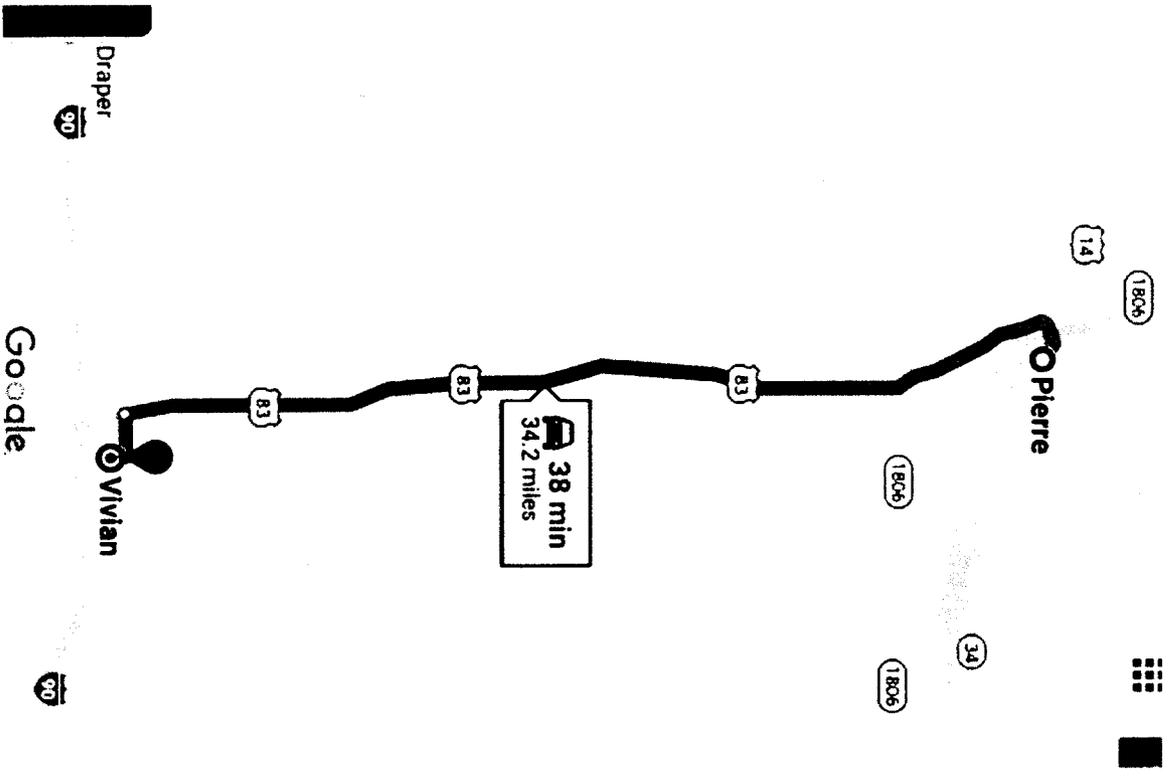
via US-212 W **2 h 44 min**  
163 miles

via Bixby Rd **2 h 50 min**  
161 miles

**DETAILS**

Explore Rapid City





Google

Draper

Vivian

Pierre

38 min  
34.2 miles

90

83

83

83

14

1806

1806

34

1806

70

**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: 7/12/19 Agency: Game Fish and Parks  
Agency Address: 523 E Capitol Avenue  
Agency Phone Number: 605.773.3718  
Employee Requesting Reimbursement: \_\_\_\_\_  
Total Amount of Reimbursement: 289.30  
Date(s) of Expense: 4/15/2019  
Event Leave Time: 8:00 am Event Return Time: 5:00 pm  
Explanation of official business performed: GFP Leadership meeting

**Attendees list attached**

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.

Rachel Cross  
Signature of Employee

7/12/19  
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.

Kelly R. Hepler  
Name of Department/Office Head

Cabinet Secretary  
Position/Title of Agency Official

KRH  
Signature of Department/Office Head

7/10/19  
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 Avenue - Pierre - SD - 57501 - 605-494-2599 - Fax 605-494-0407  
**Banquet Check**

**BEO #: 877971**

Printed on: 4/16/2019 12:36:07 PM

<b>Account:</b> Game, Fish, & Parks <b>Post As:</b> Game, Fish, & Parks <b>Address:</b>  <b>Payment Method:</b>  <b>Accounting Information:</b>	<b>Event Date:</b> <b>Monday, 4/15/2019</b> <b>Contact:</b> Erin Boggs <b>Phone:</b> 605-773-3384 <b>Fax:</b> <b>Email:</b> erin.boggs@state.sd.us <b>On-Site</b>  <b>Sales Mgr:</b> Sonia Albers <b>Catering Mgr:</b> Sonia Albers
---	---

Date	Time	Setup	Set	Gtd	Room
Monday, 4/15/2019	11:20 AM-11:30 AM	Delivery	27		Off Site (Delivery)

Qty	Menu Item	Unit	Total
1.00	Quick Catering Delivery	\$183.00	\$183.00
1.00	Soup (Delivery)	\$80.00	\$80.00
<b>Food Totals</b>			<b>\$263.00</b>
			<b>Total</b> <b>\$263.00</b>
			<b>Service Charge 1</b> <b>\$26.30</b>
			<b>Tax</b> <b>\$0.00</b>
			<b>Grand Total</b> <b>\$289.30</b>
			<b>Deposits Received</b> <b>\$0.00</b>
			<b>Amount Due</b> <b>\$289.30</b>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 4/8/2019. If a count is not provided to the hotel on the date due, the hotel will use the Set For as the guarantee number, not subject to reduction.

**Folio #:**

**BEO #: 877971**

\_\_\_\_\_  
**Event Representative Authorized Signature**                      **Date**

\_\_\_\_\_  
**Hotel Representative Signature**                                      **Date**

<b>Attendees</b>	<b>Division</b>	<b>Location</b>
Al Nedved	Parks	pierre
Andy Alban	Admin	pierre
Arden Petersen	Admin	sioux falls
Bob Schneider	Parks	pierre
Chris Petersen	Admin	pierre
Cindy Longmire	Admin	pierre
Emily Kiel	Admin	pierre
Emmett Keyser	Wildlife	sioux falls
Erin Boggs	Admin	pierre
Jeff VanMeetern	Parks	yankton
John Kanta	Wildlife	rapid city
John Lott	Wildlife	pierre
John Ullmann	Admin	pierre
Jon Kotilnek	Admin	pierre
Katie Ceroll	Parks	pierre
Kelly Hepler	Admin	pierre
Kevin Robling	Admin	pierre
Mark Ohm	Wildlife	chamberlain
Matt Snyder	Parks	custar
Mike Klosowski	Wildlife	watertown
Pat Thompson	Parks	pierre
Rachel Comes	Admin	pierre
Scott Simpson	Wildlife	pierre
Sean Blanchette	Admin	pierre
Tom Kirschenmann	Wildlife	pierre
Tony Leif	Wildlife	pierre
Willy Collignon	Parks	watertown

**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: 07/18/2019 Agency: Department of Labor and Regulation  
Agency Address: 123 West Missouri Ave., Pierre, SD 57501  
Agency Phone Number: 605-773-3101  
Employee Requesting Reimbursement: see attached  
Total Amount of Reimbursement: \$11.00  
Date(s) of Expense: 05/22/2019  
Event Leave Time: 10:00 am Event Return Time: 3:00 pm  
Explanation of official business performed: \_\_\_\_\_  
Workforce Development Council Meeting

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.

\_\_\_\_\_  
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.

Marcia Hultman  
Name of Department/Office Head

DLR Cabinet Secretary  
Position/Title of Agency Official

M. Hultman  
Signature of Department/Office Head

7-18-19  
Date

State of South Dakota

VOUCHER

Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 06/20/2019 08:30:58

REQUEST: \_\_\_\_\_

INVOICE NUMBER : \_\_\_\_\_ 115 DATE: 05/23/2019 MODEL: \_\_\_\_\_

VENDOR SHORT NM: FIKABYCORNERSTO CORNERSTONE COFFEE HOUSE LLC CURR : \_\_\_\_\_

VENDOR NUMBER : 12604958 MITCHELL CM/DM : I

PO REFERENCE : \_\_\_\_\_ APPROVAL NBR: \_\_\_\_\_ MULTI PYMT: N

TERMS CODE: \_\_\_\_\_ PYMT DUE DATE: 06/20/2019 DO NOT USE : \_\_\_\_\_

REMIT MSG: INV# 115 - WDC MEETING - 05/22/19

SIGNATURE APPR CD: \_\_\_\_\_

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
0001	280.00	001	2012	520496008000000994	1001100178		

OTHER CONTRACTUAL N N N N NO

0002

0003

0004

GROSS AMOUNT: 280.00

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.

Kim Burren Claimant

06/20/2019 Date

Susan Johnson Authorization

06/20/2019 Date

Cornerstone Coffee House, LLC

123 E 3rd Ave.

# Invoice

Date	Invoice #
5/23/2019	115

Bill To
SD Dept of Labor & Regulation 123 W Missouri Ave Pierre, SD 57501

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			5/23/2019			

Quantity	Item Code	Description	Price Each	Amount
28 ↑	1 Food	Lunch Out-of-state sale, exempt from sales tax	10.00 0.00%	280.00T 0.00

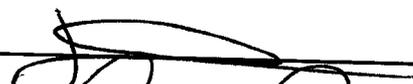
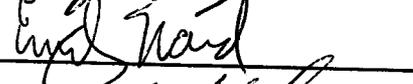
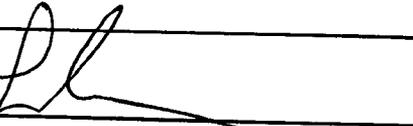
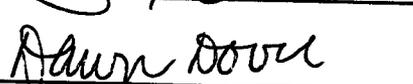
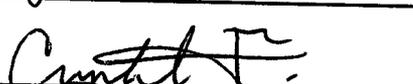
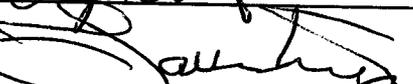
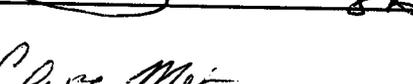
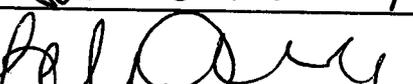
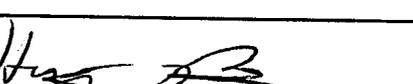
have to pay for  
no-show people Also.  
As per Jami

**ONLY COPY AVAILABLE**

Lunch from Fika for meeting at BankWest on 5.22.19	<b>Total</b>	\$280.00
--	--------------	----------

# South Dakota Department of Labor and Regulation

Name of Meeting: WDC Meeting  
 Date: May 22, 2019  
 Location: Mitchell, SD  
 Meeting Hours: 10AM to 3PM  
 Explanation of Business:

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Jami Bumer	Pierre	
MACKENZIE DELKER	Pierre	
Emily Ward	Pierre	
Randy Stainbrook	RC	
Chris Hoummum	SE	
Lee Anderson	Mitchell <sup>Board Member</sup>	
DAVE BONDE	Fort Pierre	
Laura Scheike	Pierre	
DAWN DOVRE	Pierre	
Cystal Trevino	Sioux Falls	
Laura Trapp	Pierre	
Clair Mohr	Pierre	
Sarah Petrnik	Pierre	
Felicia Alspaar	Pierre	
* Dean Bartsche	Mitchell	
Marcia Hultman	Pierre	
Hector Robois	Pierre	



**Meeting Agenda**  
**WORKFORCE DEVELOPMENT COUNCIL**  
BankWest, 2nd Floor Conference Room  
1920 N. Sanborn Blvd, Mitchell  
May 22, 10:00 a.m. CDT

- |   |                    |
|---|--------------------|
| A. Call to Order  | Chairman Anderson  |
| B. Roll Call  | Jami Burrer        |
| C. Approval of Minutes from March 27, 2019                    | <b>ACTION</b>      |
| D. DLR Fiscal Updates   | Emily Ward         |
| E. Occupational Skills Training (OST) Funding Levels          | Laura Trapp        |
| F. OST Funding Limit  | <b>ACTION</b>      |
| G. DLR Updates  | Secretary Hultman  |
| H. Eligible Training Provider List (ETPL)                     | Rebecca Long       |
| I. Labor Market Information for ETPL                          | Melodee Lane       |
| J. Participant Testimonial                                    | Angela Moschell    |
| K. ETPL Application Review and Recommendations                | Rebecca Long       |
| L. Approve Continued Applications                             | <b>ACTION</b>      |
| M. Approve Initial Applications                               | <b>ACTION</b>      |
| N. Labor Market Information Center Updates                    | Melodee Lane       |
| O. Mitchell Job Club  | Devon Bartscher    |
| P. Unified State Workforce Plan Vision, Goals, and Priorities | Kendra Ringstmeyer |
| Q. Approve State Plan Vision, Goals, and Priorities           | <b>ACTION</b>      |
| R. Round Table  |                    |
| S. Next Meetings  | Mackenzie Decker   |
| T. Adjourn  |                    |
| U. Tour of Trail King, 2200 S. Ohlman                         |                    |

**Tour Information:** Trail King is located on the southeast corner of the I29 exit 330. Enter in through the main office in the center of the building.

**Please wear long pants (no skirts or dresses) and closed toed shoes. Steel-toed shoes are required or slip-on covers on covers will be provided, but the slip-ons will not fit over heels or pointy shoes. Long hair passed the shoulders should be tied back.**

**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: July 11, 2019 Agency: Department of Labor and Regulation  
Agency Address: 123 West Missouri Ave., Pierre, SD 57501  
Agency Phone Number: 605-773-3101  
Employee Requesting Reimbursement: see attached  
Total Amount of Reimbursement: \$118.69  
Date(s) of Expense: April 30, 2019  
Event Leave Time: 8:30 am Event Return Time: 3:30 pm  
Explanation of official business performed: Registered Apprenticeship Conference

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.

\_\_\_\_\_  
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.

Marcia Hultman  
Name of Department/Office Head

DLR Cabinet Secretary  
Position/Title of Agency Official

M. Hultman

7-12-19

\_\_\_\_\_  
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.**

# South Dakota Department of Labor and Regulation

Name of Meeting: Registered Apprenticeship Conference

Date: April 30, 2019

Location: Pierre, SD

Meeting Hours: 8:30AM to 3:30PM

Explanation of Business:

<u>Attendees</u>	<u>Home-Duty Station</u>	<u>Sign-In Signature</u>
Adriane Weppert	SF	Adriane Weppert
Sara Garbe	Sioux Falls	Sara Garbe
Maureen Klautt	Sioux Falls	Maureen Klautt
Alissa Ly	Sioux Falls	Alissa Ly
Alicia Barron	Sioux Falls	Alicia Barron
Barb Nyreen	Sioux Falls	Barb Nyreen
Kelli McMillock	Aberdeen	Kelli McMillock
Dan Thielsen	Aberdeen	Dan Thielsen
Lisa Johnson	Watertown	Lisa Johnson
Mike Jennings	Watertown	Mike Jennings
Jerome Wickersham	Rapid City	Jerome Wickersham
Penny Kutz	Rapid City	Penny Kutz
Judy Eden	Huron	Judy Eden
KARA PALMER	Rapid City	KARA PALMER
Robin Wallman	HURON	Robin Wallman
Theresa...	Huron	Theresa...



1. Caitlin Kemnitz
2. Crystal Trevino
3. Cha Duggin
4. Sarah Bierman
5. Kim Ludwig
6. Josh Davis
7. Ryan Fowler
8. Audra Cadwell
9. Mary Gates
10. ~~Bill McEntaffer~~
11. Keith Sharisky
12. Randy Meister
13. Alex Johnson
14. Michelle Grosek
15. Rick Grosek
16. Becky Rybak
17. Steve Fiorello
18. Brooke Sydow
19. Ashley Kindgon-Reese
20. Ricky Reese
21. Melissa Heath
22. Terri Cordrey
23. Shane Swenson
24. Steph Huber
25. Scott Christensen
26. Josh Svatos
27. Kayla Gram
28. April Boomsma
29. Jeremy Muth
30. Dudley Light
31. Maria Brady
32. John Bolger
33. Marcia Hultman\*

**Banquet Check**

**Pierre Ramkota Hotel & Conference Center**

920 West Sioux Avenue, Pierre, SD 57501  
Phone 605-224-6877 Fax 605-224-1042

<b>Date of Functions</b> 04/30/2019	<b>Room</b> Gallery C, Lake Sharpe
<b>Organization</b> SD LABOR & REGULATION	<b>Time</b> 08:00 AM - 05:00 PM
<b>Contact Person</b> Rebecca Long	<b>Function Type</b> Meeting
<b>Address</b> 123 W. Missouri Ave Pierre, SD 57501	<b>Salesperson</b> Chad Botts
	<b>Set For</b> 64 <b>Guarantee</b> 62
	<b>Post As</b> SD LABOR & REGULATION
<b>Telephone</b> 605-773-6168 <b>Fax</b>	<b>Today's Date</b> 04/30/2019 <b>BEO #</b> 879358

**Summary of Charges**

Quantity Menu Actual	Unit	Total
C Rental **Waived with Meal**	\$200.00	\$ .00
1 Lake Sharpe Rental	\$100.00	\$100.00
1 Lake Francis Case Rental	\$100.00	\$100.00
1 Portable Screen 6 ft x 8 ft (GALLERY C)	\$20.00	\$20.00
3 Projector (GALLERY C, LAKE SHARPE & FRANCIS CASE)	\$40.00	\$120.00
2.50 Fresh Brewed Coffee & Water (per gallon) **2.5 gallons of coffee & 1 water container** (GALLERY C)	\$23.40	\$58.50
62 Taco Bar LUNCH BUFFET - 1 LINE (GALLERY C/LOBBY) Seasoned Ground Beef with soft shells, Toppings: sour cream, onions, diced tomatoes, shredded cheese, shredded lettuce, black olives, taco sauce, Tortilla Chips & Salsa,  **Refill Coffee & Water on Station** Water Pitchers **4 pitchers in each room** (LAKE SHARPE & FRANCIS CASE)	\$10.79	\$668.98
	\$ .00	\$ .00

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by . If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

**Client Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_


**RAMKOTA  
HOTEL\***  
 & CONFERENCE CENTER  
 920 W Sioux Ave  
 Pierre, SD 57501  
 Telephone: (605) 224-6877

SD Labor & Regulation  
 123 W Missouri Ave  
 Pierre, SD 57501  
 United States

**Folio No.** 1018OZ  
**Account No.** C-CITY

Date	Description	Charges	Payments		
04/30/19	Banquet Tax Ex Room Rent	169.49	0.00		
04/30/19	Service Fee	30.51	0.00		
04/30/19	Banquet Tax Exempt Food	566.93	0.00		
04/30/19	Service Fee	102.05	0.00		
04/30/19	Banquet Breaks Tax Exemp	49.58	0.00		
04/30/19	Service Fee	8.92	0.00		
04/30/19	Banquet TaxEx Equip Rent	118.64	0.00		
04/30/19	Service Fee	21.36	0.00		
Totals for Sub-Folio: 1		1,067.48	0.00		
Totals for Account #: 1018OZ		1,067.48	0.00		
Account Balance Due		1,067.48			
<b>Aged Balances for Account #: 1018OZ</b>					
	Current Period	Period Ending 06-Apr-19	Period Ending 07-Mar-19	Period Ending 05-Feb-19	Period Ending 06-Jan-19
	1,067.48	0.00	0.00	0.00	0.00

Signature: \_\_\_\_\_

**Banquet Check**

**Pierre Ramkota Hotel & Conference Center**

920 West Sioux Avenue, Pierre, SD 57501

Phone 605-224-6877 Fax 605-224-1042

**Date of Functions** 04/30/2019  
**Organization** SD LABOR & REGULATION  
**Contact Person** Rebecca Long  
**Address** 123 W. Missouri Ave  
Pierre, SD 57501

**Room** Gallery C, Lake Sharpe  
**Time** 08:00 AM - 05:00 PM  
**Function Type** Meeting  
**Salesperson** Chad Botts  
**Set For** 64      **Guarantee** 62  
**Post As** SD LABOR & REGULATION  
**Today's Date** 04/30/2019 **BEO #** 879358

**Telephone** 605-773-6168      **Fax**

**Summary of Charges**

Quantity Menu Actual	Unit	Total
		<b>Sub-Total</b> \$1,067.48
		<b>Service Charge</b> \$ .00
		<b>Tax</b> \$ .00
		<b>Total</b> \$1,067.48
		<b>Deposits Received</b>
		<b>Grand Total</b> \$1,067.48

**Details**

<b>Service Charge</b>	<b>Service Charge 2</b>			
\$ .00	\$ .00			
<b>Tax 1</b>	<b>Tax 2</b>	<b>Tax 3</b>	<b>Tax 4</b>	<b>Flat Tax</b>
\$ .00	\$ .00	\$ .00	\$ .00	\$ .00

**Total Charges & Payment Instructions**

Credit Card # \_\_\_\_\_ Expiration xx/xx Cardholder \_\_\_\_\_

Accounting \_\_\_\_\_ Check #: \_\_\_\_\_ BEO Id 879358

*12177768-03*

RECEIVED  
APR 30 2019  
[Signature]

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by . If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

**Client Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_



**StartTodaySD**  
APPRENTICESHIP PROGRAM

## Future Focused:

Registered Apprenticeship Implementation

Tuesday, April 30, 2019 | 9:30 a.m. - 5 p.m.

Ramkota Hotel and Conference Center | Pierre, South Dakota

### 9:30 a.m. Welcome

- **Rebecca Long**, DLR Labor Specialist, *introducing Marcia Hultman*, DLR Cabinet Secretary
- **John Bolger**, USDOL Office of Apprenticeship, State Director, *introducing Dudley Light*, USDOL Office of Apprenticeship, Regional Director

### 10:00 a.m. Registered Apprenticeship Standards Signing - *Gallery C*

<b>Organization</b>	<b>Occupation</b>
Aberdeen Fire & Rescue	Paramedic
Applied Engineering	Machinist
Bear Butte Gardens	Diversified Organic Vegetable Farm Manager
Dynamic Engineering	Machinist
Howe Inc.	HVAC
Huron Regional Medical Center	LPN
Independent Health Solutions	Home Health Aide
Lake Area Technical Institute	Welder
LemmonMade, Inc.	All Around Butcher
LIV Hospitality	Lodge Manager
Midstates Group	Web Press Operator
Paramedics Plus	Paramedic
Regional Technical Education Center (RTEC)	Industrial Maintenance Technician
Scott Peterson Motors	Master Certified Automotive Technician
Select Construction	Carpenter
Sturgis Brewing Company	Professional Brewer
Yankton EMS	Paramedic

### 11:45 a.m. Lunch and Presentation

- **Maria Remboulis Brady**, USDOL Office of Apprenticeship, Multi-State Coordinator

### 1 p.m. Concurrent Workshops

- WIOA/ETPL - *Lake Francis Case*
- RAPIDS - *Lake Sharpe*

### 2:45 p.m. Break

### 3 p.m. Concurrent Workshops

- WIOA/ETPL - *Lake Francis Case*
- RAPIDS - *Lake Sharpe*

### 4:45 p.m. Conclusion



**SOUTH DAKOTA DEPARTMENT OF  
GAME, FISH AND PARKS**

523 EAST CAPITOL AVENUE | PIERRE, SD 57501

July 22, 2019

State Board of Finance  
Secretary of State Office  
500 East Capitol Avenue Ste 204  
Pierre, SD 57501-5070

Dear Members of the Board

Game, Fish, and Parks respectfully requests your approval to pay for lodging above state rates for Brent Downs who traveled to Pierre for controlled burn plan training. Downs was not aware that the AmericInn who typically honored state rates would not be for this stay. It was brought to his attention on June 14th that they did not honor state rates on January 7th due to the demand for rooms during legislative session therefore pre-approval from the State Auditor's Office was not obtained by the GFP Central Finance Office.

The hotel bill to the AmericInn is attached. It was \$139.99 per night for three consecutive nights.

Sincerely,

Kelly R. Hepler  
Cabinet Secretary



Welcome to the end of the day.

Americinn Fort Pierre  
312 Island Dr  
Fort Pierre, SD 57532  
Tel: (605) 223-2358

06-10-19

<b>SD Game Fish &amp; Parks - Pierre</b> <b>523 E Capitol Ave</b> <b>Pierre SD</b> <b>US</b>  Downs, Brent	Folio No.	: 8350	Room No.	: 110
	A/R Number	: GFP PIERRE	Arrival	: 01-07-19
	Group Code	:	Departure	: 01-10-19
	Company	: SD Game Fish & Parks - Pierre	Conf. No.	: 84111EC01
	Wyndham Rewards	: 167344010J	Rate Code	: RROD
	Invoice No.	: 1563	Page No.	: 1 of 1

Date	Description	Charges	Credits
01-07-19	Room Charge	139.99	
01-07-19	Occupancy Tax \$2.00	2.00	
01-08-19	Room Charge	139.99	
01-08-19	Occupancy Tax \$2.00	2.00	
01-09-19	Room Charge	139.99	
01-09-19	Occupancy Tax \$2.00	2.00	
<b>Total</b>		<b>425.97</b>	<b>0.00</b>
<b>Balance</b>		<b>425.97</b>	

*Only Invoice Available*

**Guest Signature:** \_\_\_\_\_

Please contact the Manager about any issues with your stay. AmericInn or affiliates may contact you about goods and services unless you call 800-843-2400 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our AmericInn website about privacy.

**Thank you for staying with us.  
It was our pleasure to serve you.**



Welcome to the end of the day.

Americinn Fort Pierre  
312 Island Dr  
Fort Pierre, SD 57532  
Tel: (605) 223-2358

Only Invoice Available

ACCOUNTS RECEIVABLE STATEMENT

Date : 06-10-19

SD Game Fish & Parks - Pierre  
523 E Capitol Ave  
Pierre SD  
US

A/R Account Number : GFP PIERRE

Amount Paid : \$ \_\_\_\_\_

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
01-10-19	1563	8350	Downs, Brent	425.97		425.97
Balance Due						425.97

0626230

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 150	151 and Over
741.00	0.00	0.00	0.00	425.97	0.00

Past Due

Game Fish and Parks

Direct Invoice

Beth

AP

INVOICE MAINTENANCE 1

IMW-1T

NEXT FUNCTION: \_\_\_\_\_ ACTION: \_\_\_\_\_ 07/19/2019 13:01:54

REQUEST: \_\_\_\_\_

=====

PAY ENTITY : 0600 VEND SHORT NM: AMERICINNOFFORT  
 INVOICE NBR : 1563 VENDOR NUMBER: 12159033 MULTI PYMT: N  
 INVOICE DATE : 06/10/2019 DO NOT USE : \_\_\_\_\_ .00 TERMS: 001  
 APPROVAL NBR : \_\_\_\_\_ PO REFERENCE : \_\_\_\_\_ CM/DM : I  
 PYMT NBR: 001 PRTL PYMT NBR: 000 PYMT DUE DTE: 06/10/2019 GL EFF DT: 07/19/2019  
 REMIT MESSAGE: INV# 1563 FOLIO# 8350 B. DOWNS SD GAME FISH AND PARKS \_\_\_\_\_

LINE	AMOUNT	EXP CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	USE	1099 I'REC
0001	425.97	001	3125 52031000	0620230		
0002						
0003						
0004						
				: _____		
				: _____		
				GROSS AMOUNT:		425.97

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.

\_\_\_\_\_  
Claimant Date

  
\_\_\_\_\_  
Authorization Date

07/19/2019

\_\_\_\_\_  
Authorization Date

**MEMORANDUM**

**TO:** Department Heads and Secretaries  
**FROM:** State Board of Finance  
**SUBJECT:** Clarification of Home Station Reimbursement  
**DATE:** 08/20/2019

The South Dakota Board of Finance, per SDCL 3-9-2.1 and 3-9-2.2 is directed to review all submissions for Home Station Reimbursement Requests. Each statute for Home Station Reimbursement was enacted under HB 1048 during the 2015 Legislative Session. In presenting the legislation, Commissioner Jason Dilges was very specific when he addressed the Appropriations Committee that the legislation would be narrowly construed. He further stated that the intent of Section 3 of the Bill was to address those rare times when home-station employees would be attending a meeting where a meal was being provided at state expense and the home-station employee would be excluded from participating unless they paid for the meal themselves. Commissioner Dilges went on to state that he was presenting a mechanism to address a specific scenario involving state employees attending Boards and Commission meetings.

The Board of Finance is providing this background information as it has become apparent that the original intent of the legislation has been lost. Therefore, the Board is encouraging department heads to review their authorization process for home station reimbursements to comply with the original intent.