

Household Moving Allowance State of South Dakota

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S.D. SEC. OF STATE

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

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

Please check one:

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

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT on the Thursday prior to the Board of Finance meeting. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

<u>Carmen Jaeger</u>	<u>Senior Microbiologist</u>	<u>Dept. of Health</u>
Name of Applicant	New Position Title	Agency Employed By
<u>54,204.48</u>	<u>Sioux Falls, SD</u>	<u>Pierre, SD</u>
Yearly Salary	City, State Moving From	New Post of Duty (City)
	<u>11/9/17</u>	<u>12/2017</u>
Bureau of Human Resources Class Code	Employment Date with the State	Expected Month/Year of Move

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

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

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

<u>Carmen Jaeger</u>	<u>1-5-18</u>
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.

<u>Tim Southren</u>	<u>Adminstrator</u>
Name of Authorized Agent	Position/ Title of Authorized Agent
<u>Tim Southren</u>	<u>Dept. of Health</u>
Signature of Authorized Agent	Agency of Authorized Agent
<u>1-5-2018</u>	
Date	

Approval by State Board of Finance

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

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

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S.D. SEC. OF STATE

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

Application form fields: Name of Applicant (Travis Walker), Yearly Salary (\$71,000), Bureau of Human Resources Class Code (00905), Position (Lecturer, Chemical and Biological Engineering Department), New Position Title (New Post of Duty), Agency Employed By (South Dakota School of Mines and Technology), Expected Month/Year of Move (December, 2017), Employment Date with the State (December 8, 2017).

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.

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Signature of Applicant (Handwritten signature)

Date (2017.12.09)

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.

Name of Authorized Agent (Jan Puszynski)

Position/ Title of Authorized Agent (Interim President and VP for Research)

Signature of Authorized Agent (D. Kouris for Dr. Puszynski), Date (12/05/2017)

Agency of Authorized Agent (South Dakota School of Mines & Technology)

Approval by State Board of Finance

Approved by the State Board of Finance on Date

Signature of Secretary, State Board of Finance