

Household Moving Allowance State of South Dakota

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

State Auditor's Office
500 E. Capitol Avenue, Suite 209
Pierre, SD 57501 Phone: 605-773-3341

Please check one:

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

Application

Name of Applicant		New Position Title	Agency Employed By
Yearly Salary	City, State Moving From	New Post of Duty (City)	Expected Month/Year of Move
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.

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

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.

Name of Authorized Agent

Position/ Title of Authorized Agent

Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Auditor

Approved by the State
Auditor on

Date

Signature of Authorized Agent, State Auditor