

# State Board of Finance Meeting Agenda

Tuesday, August 18, 2020  
2:00 p.m.

Call in information: 1-312-626-6799  
Meeting ID: 857 7656 7211  
Password: 521798

- A) Call to order
- B) Approve monthly meeting agenda
- C) Approve minutes from the meeting on July 21, 2020
- D) State Transfers
  - Department of Public Safety
    - Jordan Melius
- E) Professional Recruitment
  - Department of Corrections
    - Mike L. Richling
    - Helen Peralta
  - Department of Game, Fish, and Parks
    - Katie Schlafke
  - Bureau of Information and Telecommunications
    - Megan Feighery
  - South Dakota School of Mines & Technology
    - Gillian K. Urycki
  - South Dakota State University
    - Kelly Froehlich
    - Christina M. Larson
    - Chun-Ming (Jimmy) Lin
  - University of South Dakota
    - Haroon Rashid Lone
    - Isaiah Fink Avraham Cohen
    - Jennifer Phelan
    - Joseph Kantenbacher
    - Anthony Harris
- F) State Hosting Reimbursement Request – SDCL 3-9-2.1
  - Department of Tourism
    - Hosted Master of Ceremonies for the Mount Rushmore fireworks celebration held on July 3, 2020.
    - Hosted journalists for road trip vacation story on July 29, 2020.
  - Governor’s Office of Economic Development
    - Hosted regional roundtable for economic developers and partners on July 14, 2020 in Pierre.
- G) Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2
  - Animal Industry Board
    - Annual Board meeting held on July 14, 2020 in Fort Pierre.
  - South Dakota School of Mines and Technology

NOTE: *This meeting is being held in a physically accessible place. Individuals needing assistance, Pursuant to the Americans with Disabilities Act, should contact the Secretary of State’s Office at (605) 773.3537 in advance of the meeting to make any necessary arrangements.*

- 410 Field Geology Course held July 14-28, 2020 in Rapid City, SD.

H) Public Comment

I) Adjournment

# 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

Jordan Melius	Trooper	DPS
Name of Applicant	New Position Title	Agency Employed By
\$ 51,511	Watertown, SD	08/2020
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
666651	11/2016	
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.

7/22/20

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.

Director of Admin. Services

Name of Authorized Agent
Position/ Title of Authorized Agent

Dept. of Public Safety

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  
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 28, 2019

Jordan Melius  
1640 Abbey Rd  
Pierre SD 57501

Dear Jordan,

This letter is official notification that your transfer from governor security detail has been approved. Along with this reassignment is the adjustment in your classification and wage. You will no longer be in the Headquarters Specialist position which is an L04 classification and returning to the trooper classification which is a L03. This change will adjust your hourly rate from \$25.17 to \$24.67 per hour effective July 23<sup>rd</sup>, 2020.

Your transfer to Watertown is approved as of July 23<sup>rd</sup>, 2020. Please coordinate your move and official duty assignment with Captain Erickson.

Jordan, your dedication and hard work have been as asset to this agency. I look forward to your future with the SD Highway Patrol!

Sincerely,

Colonel Rick Miller  
SD Highway Patrol  
SD Department of Public Safety

RM:cl

CC: Alex Wester, BHR  
Captain Randi Erickson  
Personnel File

JORDAN -

THANK YOU  
FOR BEING  
AWESOME!!

RICK  
MILLER



## Household Moving Allowance State of South Dakota

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Pierre SD 57501 Phone: 605-773-3537

Please check one:

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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.

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### Application

Mike Lo Richling  
Name of Applicant

\$36,477.36 Billings, Mt.  
Yearly Salary City, State Moving From

060336  
Bureau of Human Resources Class Code

Correctional Officer  
New Position Title

Springfield  
New Post of Duty (City)

07-27-2020  
Employment Date with the State

DOC/MDSP  
Agency Employed By

July 2020  
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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

Mike Lo Richling  
Signature of Applicant

07/23/2020  
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.

MIKE LEIDHOLT  
Name of Authorized Agent

Mike Leidholt 8-6-20  
Signature of Authorized Agent Date

SECRETARY OF CORRECTIONS  
Position/ Title of Authorized Agent

SD DEPT OF CORRECTIONS  
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



**Bureau of Human Resources**  
500 East Capitol Avenue  
Pierre, SD 57501-5070  
605.773.3461  
<http://bhr.sd.gov/>

July 17, 2020

**Michael Richling**  
4944 Hazelnut Ave  
Billings MT 59106

Dear Michael:

This letter will serve as a written follow up to our verbal offer of employment as a Correctional Officer position with the Mike Durfee State Prison at an hourly rate of \$17.47. The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving. The effective date of this offer will be Monday July 27, 2020. Please report to the Mike Durfee State Prison at 8:00am on Monday July 27, 2020.

Casual dress attire is preferred.

This offer is contingent upon negative drug screening results. Please make an appointment with my office (605-369-4427) to schedule a date and time prior to starting to have the drug screening completed

Also, please be aware that you will be serving a six-month probationary period. During this time period your performance will be reviewed periodically to determine if you will be recommended for status in the South Dakota Career Service system. Also, please note that your health insurance coverage will not begin until one month and one day after your start date (indicated above).

We look forward to having you on our staff. We hope your employment with the Mike Durfee State Prison will be rewarding experience. If there are any questions, please contact the Human Resource Office at 605-369-4427.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Ann Kloucek".

**Mary Ann Kloucek**  
Human Resource Specialist  
Mike Durfee State Prison

# 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.

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## Application

Helen Paralta  
Name of Applicant

Correctional officer Department of Corrections  
New Position Title Agency Employed By

36,372.96 Phoenix, Arizona  
Yearly Salary City, State Moving From

06/2020  
New Post of Duty (City) Expected Month/Year of Move

060336  
Bureau of Human Resources Class Code

06/24/2020  
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. I know I may contact my agency's finance officer for options.

Helen M  
Signature of Applicant

07/29/2020  
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.

MIKE LEIDHOLT  
Name of Authorized Agent

SECRETARY OF CORRECTIONS  
Position/ Title of Authorized Agent

Mike Leidholt 7-29-20  
Signature of Authorized Agent Date

SD DEPT OF CORRECTIONS  
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



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>

June 15, 2020

Helen Peralta  
5322 W Edgemont Ave  
Phoenix AZ 85035

Dear Helen:

Welcome to the Department of Corrections!!! This letter will serve as a written follow up to our verbal offer of employment as a Correctional Officer position with the South Dakota Women's Prison at an hourly rate of \$17.46. The effective date will be Wednesday June 24, 2020. Please report to the South Dakota Women's Prison at 8:00am.

The Department of Corrections will allow you reimbursement of moving expenses you accrue up to one month of your salary. In order for the expenses to be reimbursed you must submit the Household Moving Allowance Application, this offer letter and any receipts of payment for moving.

Casual dress attire is preferred.

This offer is contingent upon negative drug screening results.

Also, please be aware that you will be serving a six-month probationary period. During this time period your performance will be reviewed periodically to determine if you will be recommended for status in the South Dakota Career Service system. You will not be eligible to use your accrued vacation leave during this six-month period. Also, please note that your health insurance coverage will not begin until one month and one day after your start date (indicated above).

We look forward to having you on our staff. We hope your employment with South Dakota Women's Prison will be rewarding experience. If there are any questions, please contact the Human Resource Office at 605-369-4427.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Ann Kloucek".

Mary Ann Kloucek  
Human Resource Specialist  
SD Women's Prison  
Mike Durfee State Prison  
Department of Corrections



# Household Moving Allowance State of South Dakota

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

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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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Full-time continuous employment for 6 months.
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Attach a written copy of the offer of employment and of payment of moving expenses.

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## Application

**Katie Schlafke**

Name of Applicant

**\$37,563**

Yearly Salary

**070240**

Bureau of Human Resources Class Code

**Bismarck, ND**

City, State Moving From

Volunteer Coordinator-Naturalist

New Position Title

**Rapid City, SD**

New Post of Duty (City)

**04/24/2020**

Employment Date with the State

South Dakota Game, Fish and Parks

Agency Employed By

**04/2020**

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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

*Katie Schlafke*  
Signature of Applicant

**06/17/2020**

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

*KRH*  
Signature of Authorized Agent

*6/25/20*  
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**

4130 ADVENTURE TRAIL | RAPID CITY, SD 57702

March 11, 2020

Katie Schlafke  
2120 Xavier Street Apt. 304,  
Bismark, ND 58501

Dear Katie,

While I have received your verbal acceptance of the Volunteer Coordinator/Naturalist, Outdoor Campus position serving in Rapid City, SD, this letter will serve as your official confirmation of your appointment to the position. The effective date of your appointment to this position will be April 24<sup>th</sup>, 2020.

I will serve as your direct supervisor. This position is classified on the general pay structure as "H". This is an hourly position and your starting wage will be 5% higher than the minimum at \$17.99/hr.

Because you have been recruited as professional staff, I also want to advise you that the Department will request payment of actual expenses associated with your move from North Dakota to Rapid City, SD up to a maximum of one month's salary. I have pasted a link below to the Household Moving Allowance Form that I would ask you to complete and return to me as soon as possible. This will allow us to have the paperwork in place and get you reimbursed in a timely manner.

<https://intranetgfp.sd.gov/finance/docs/household-moving-allowance.pdf>

If you have any questions, please don't hesitate to contact me at the information below. I look forward to working with you and I am confident that your knowledge, skills and abilities will be a great asset to the SD Game, Fish and Parks.

Sincerely,

*Lacy Elrod*

Lacy Elrod

Outdoor Campus-Rapid City Director

(605) 394.6072

[lacy.elrod@state.sd.us](mailto:lacy.elrod@state.sd.us)

personal cell (830) 391.2456

Cc: John Kanta, Regional Supervisor-Region 1  
Jeff Wilson, Human Resources Manager—BHR  
Amanda Sarvis-Human Resources—BHR  
Rachel Comes, Executive Secretary

*Katie Schlafke*

**Household Moving Allowance  
State of South Dakota**

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

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**Application**

Megan Feighery Name of Applicant      Public Budget Mgmt Spec New Position Title      BIT/PBS Agency Employed By  
\*37062.00 Yearly Salary      Laramie, WY City, State Moving From      Vermillion, SD New Post of Duty (City)      8/20 Expected Month/Year of Move  
8.17.20 Employment Date with the State  
Bureau of Human Resources Class Code

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

Megan Feighery Signature of Applicant      07/30/2020 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.

Jeffrey Clines Name of Authorized Agent      Commissioner Position/ Title of Authorized Agent  
[Signature] Signature of Authorized Agent      08/03/2020 Date      Bureau of Info & Telecomm 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



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>

July 8, 2020

Megan Feighery  
1854 Truman St  
Laramie WY 82070  
Email: [meganfeighery@gmail.com](mailto:meganfeighery@gmail.com)

Dear Megan,

This letter is to confirm your appointment to the Public Broadcast Media Specialist I position with the Bureau of Information and Telecommunications, South Dakota Public Broadcasting, in Vermillion, SD. Your employment will begin on August 17, 2020, at an hourly salary of \$17.75. Your immediate supervisor, Cara Hetland, will contact you regarding your schedule on your first day of employment.

As discussed, the Bureau of Information & Telecommunications will pay up to one month's salary, approximately \$3,088.50, 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:*

████████████████████  
████████████████████ - ██████████

*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 South Dakota Public Broadcasting. Please contact Cara or myself if you need assistance.

Sincerely,

A handwritten signature in black ink that reads "Eric Hildebrandt".

Eric Hildebrandt  
Human Resource Manager

# Household Moving Allowance State of South Dakota

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Pierre SD 57501 Phone: 605-773-3537

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## Application

Gillian K. Urycki

Name of Applicant

Asst Cross Country and Track & Field Coach/Intramural Coord

New Position Title

SD School of Mines & Technology

Agency Employed By

\$31,000.00

Yearly Salary

Metamora, IL

City, State Moving From

Rapid City

New Post of Duty (City)

August, 2020

Expected Month/Year of Move

00511

Bureau of Human Resources Class Code

August 17, 2020

Employment Date with the State

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I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

DocuSigned by:

Gillian K. Urycki

Signature of Applicant

7/30/2020 | 12:49:18 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 M. Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

DocuSigned by:

James M. Rankin

Signature of Authorized Agent

7/30/2020 | 12:01:02 PM MDT

Date

SD 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: July 30, 2020

TO: Gillian K. Urycki

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 an appointment as Assistant Cross Country and Track & Field Coach/Intramural Coordinator in Intercollegiate Athletics, position ME9749. The effective date of this appointment is August 17, 2020. Annual appointment dates are June 22 through June 21. Your yearly salary is \$31,000. 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. Steven Johnson, Director of Cross Country/Track and Field, 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 \$15,342 or 49%. 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 17, 2020, and shall not extend beyond June 21, 2021. 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.

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 June 15<sup>th</sup>.

Gillian Urycki  
July 30, 2020  
Page Two

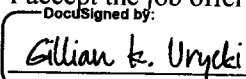
The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining 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. You will also find a General Information form to complete and return with this offer memo.

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. However, due to budgetary constraints, we are authorized to reimburse you up to \$1,000 for your moving costs. We are bound by current state regulations concerning moving expenses. 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.

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

I accept the job offer outlined above.

DocuSigned by:  
 7/30/2020 | 12:49:18 PM MDT

Signature of Appointee & Date Signed

JR:nlf

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

cc: C Cox  
S Johnson  
J Lueken

## 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

Kelly Froehlich

Name of Applicant

\$76,000

Yearly Salary

00800

Bureau of Human Resources Class Code

Crusston, MN

City, State Moving From

Assistant Professor

New Position Title

Brookings

New Post of Duty (City)

August 2020

Employment Date with the State

SDSU

Agency Employed By

August 2020

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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

Kelly Froehlich  
Signature of Applicant

6/19/20  
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.

Joseph P. Cassidy

Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

7/14/2020  
Date

Head, Animal Science Department

Position/ Title of Authorized Agent

SDSU

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on

\_\_\_\_\_ Date

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





# SOUTH DAKOTA STATE UNIVERSITY

Department of Animal Science

## MEMORANDUM

DATE: June 15, 2020

TO: Kelly Froehlich

FROM: Joseph P. Cassady, Ph.D., Professor and Head, Animal Science Department  
South Dakota State University

RE: Appointment with the Animal Science Department

Dear Ms. Froehlich:

On behalf of the South Dakota State University, I am very pleased to offer you, subject to approval by the President, an appointment as Assistant Professor/Extension Specialist Small Ruminant Production of the Animal Science Department in the College of Agriculture, Food and Environmental Sciences. This is a nine-month, 100% time tenure-track position. This appointment and rank is also contingent on support and approval of the College Tenure and Promotion Committee, University Tenure and Promotion Committee, the South Dakota Board of Regents' Chief Academic Officer, and the South Dakota Board of Regents. The effective date of this appointment will be August 24, 2020. Annual appointment dates are June 22 to June 21. I am your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent upon completion of the terminal degree. If you have completed and documented completion of the PhD by August 1 you will be appointed to a tenure-track position as Assistant Professor of Animal Science at a salary of \$76,000. If you have not completed the PhD degree as of August 15, you will be appointed as a term faculty position at the rank of Lecturer at a salary of \$65,683.

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

This offer is contingent on verifying credentials and other information required by law and/or university policies, including but not limited to a criminal background check, as well as your delivery to Human Resources of an *official* transcript for your highest degree within 30 days of accepting this position. Withholding statements (W-4's) and United States employment eligibility verification documents (I-9) are available from the Payroll 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.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. The terms of appointment include a continuing nondisclosure obligation relating to personally identifiable information, access codes, and proprietary information made accessible to you in the course of your employment with the university that survives this appointment.

In accordance with Board of Regents Policy 4:34, the Board manages employee-created intellectual property. The provisions of this policy are enclosed. Also enclosed is a Conflict of Interest Form that must be completed pursuant to Board of Regents Policy 4:35. Please review the policies and forms, sign the forms where provided, and return the forms fully executed with this offer memo.

As Assistant Professor, your position is eligible for state benefits to include household moving allowance of up to one month salary as outlined in SDCL 3-9-12. A Household Moving Allowance form and instructions have been enclosed.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this memo, Expectations of Employment Document, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than June 19, retaining a copy of these documents for your records.

Cc: Human Resources  
Provost and Vice President of Academic Affairs

I accept the job offer outlined above.

Melby F. Noehke  
Signature of Appointee

6/19/20  
Date

Encl: Expectations of employment document  
Intellectual property policy and intellectual property form  
Conflict of interest policy and form  
Household moving allowance form

## Household Moving Allowance State of South Dakota

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

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

**Please check one:**

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

**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

CHRISTINA M LARSON	Assistant Professor	DEPARTMENT OF VETERINARY & BIOMEDICAL SCIENCE
Name of Applicant	New Position Title	Agency Employed By
76000	BROOKINGS	between Aug-Dec 2020
Yearly Salary	City, State Moving From	Expected Month Year of Move
<u>00800</u>		
Bureau of Human Resources Class Code		

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

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

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

DocuSigned by:

**CHRISTINA M LARSON**

7/24/2020 | 12:38 CDT

Signature of Applicant

Date

### Authorization

The undersigned agent hereby certifies that the above 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 my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Jane Hennings

DEPARTMENT HEAD

DocuSigned by:

**Jane Hennings**

7/24/2020 | 14:42 CDT

Position Title of Authorized Agent

DEPARTMENT OF VETERINARY & BIOMEDICAL SCIENCE

Signature of Authorized Agent

Date

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the  
State Board of  
Finance on

Date

Signature of Secretary, State Board of Finance

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



# **SOUTH DAKOTA STATE UNIVERSITY**

**Veterinary and Biomedical Sciences Department  
SD Animal Disease Research and Diagnostic Laboratory**

DATE: July 23, 2020  
TO: Dr. Christina Larson  
FROM: Jane Christopher-Hennings, DVM, MS  
Head, Department of Veterinary & Biomedical Science /Director, ADRDL  
South Dakota State University  
RE: Appointment with the Department of Veterinary & Biomedical Science  
South Dakota State University

On behalf of the South Dakota State University, I am very pleased to offer you, subject to approval by the President, an appointment as Temporary Assistant Professor of the Department of Veterinary & Biomedical Science in the College of Agriculture, Food, & Environmental Sciences. This is a 9-month, 100%-time tenure-track position. This appointment and rank are contingent on support and approval of the College Tenure & Promotion Committee, University Tenure & Promotion Committee, the South Dakota Board of Regents' Chief Academic Officer, and the South Dakota Board of Regents. The effective date of this appointment is 08/03/2020. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>. Dr. Jane Christopher-Hennings will be your direct supervisor. As with all employees, you will be evaluated annually.

You total annual salary is \$76,000 based on 9-months of work at 100% time.

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

This offer is contingent on verifying credentials and other information required by law and/or university policies, including but not limited to a criminal background check, as well as your delivery to Human Resources of an official transcript for your highest degree within 30 days of accepting this position. Withholding statements (W-4's) and United States employment eligibility verification documents (I-9) are available from the Payroll 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.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. The terms of appointment include a continuing nondisclosure obligation relating to personally identifiable information, access codes, and proprietary information made accessible to you in the course of your employment with the university that survives this appointment.

Rev. 04/13/2020

In accordance with Board of Regents Policy 4:34, the Board manages employee-created intellectual property. The provisions of this policy are enclosed. Also enclosed is a Conflict of Interest form that must be completed pursuant to Board of Regents Policy 4:35. Please review the policies and forms, sign the forms where provided and return the forms fully executed with this offer memo.

As an Assistant Professor, 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. A Household Moving Allowance form and instructions have been enclosed.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this memo, Expectations of Employment Document, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than 07/29/2020, retaining a copy for your records.

Sincerely,

DocuSigned by:  
  
02CFFD041FE1473  
\_\_\_\_\_  
*Jane Christopher-Hennings*

7/24/2020 | 16:06 CDT

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

**I accept the job offer outlined above.**

DocuSigned by:  
**CHRISTINA M LARSON**  
BFE3D13277EF40A  
\_\_\_\_\_  
*Signature of Appointee*

7/25/2020 | 10:57 CDT

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

cc: Supervisor, Dr. Jane Christopher-Hennings  
Human Resources  
Provost and Vice President of Academic Affairs, Dr. Dennis Hedge

Encl: Expectations of Employment Document  
Intellectual Property Policy & Intellectual Property Form  
Conflict of Interest Policy and Form  
Household Moving Allowance Form & Instructions



# **SOUTH DAKOTA STATE UNIVERSITY**

**Veterinary and Biomedical Sciences Department  
SD Animal Disease Research and Diagnostic Laboratory**

**DATE:** July 23, 2020  
**TO:** Dr. Christina Larson  
**FROM:** Jane Christopher-Hennings, DVM, MS  
Head, Department of Veterinary & Biomedical Science /Director, ADRDL  
South Dakota State University  
**RE:** Appointment with the Department of Veterinary & Biomedical Science  
South Dakota State University

On behalf of the South Dakota State University, I am very pleased to offer you, subject to approval by the President, an appointment as Assistant Professor of the Department of Veterinary & Biomedical Science in the College of Agriculture, Food, & Environmental Sciences. This is a 9-month, 100%-time tenure-track position. This appointment and rank are contingent on support and approval of the College Tenure & Promotion Committee, University Tenure & Promotion Committee, the South Dakota Board of Regents' Chief Academic Officer, and the South Dakota Board of Regents. The effective date of this appointment is 08/22/2020. Annual appointment dates are August 22<sup>nd</sup> to May 21<sup>st</sup>. Dr. Jane Christopher-Hennings will be your direct supervisor. As with all employees, you will be evaluated annually.

You total annual salary is \$76,000 based on 9-months of work at 100% time.

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

This offer is contingent on verifying credentials and other information required by law and/or university policies, including but not limited to a criminal background check, as well as your delivery to Human Resources of an official transcript for your highest degree within 30 days of accepting this position. Withholding statements (W-4's) and United States employment eligibility verification documents (I-9) are available from the Payroll 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.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. The terms of appointment include a continuing nondisclosure obligation relating to personally identifiable information, access codes, and proprietary information made accessible to you in the course of your employment with the university that survives this appointment.

Rev. 04/13/2020

In accordance with Board of Regents Policy 4:34, the Board manages employee-created intellectual property. The provisions of this policy are enclosed. Also enclosed is a Conflict of Interest form that must be completed pursuant to Board of Regents Policy 4:35. Please review the policies and forms, sign the forms where provided and return the forms fully executed with this offer memo.

As an Assistant Professor, 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. A Household Moving Allowance form and instructions have been enclosed.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this memo, Expectations of Employment Document, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than 07/29/2020, retaining a copy for your records.

Sincerely,

DocuSigned by:  
*Jane Hennings*  
32CFFD041FE1473  
\_\_\_\_\_  
*Jane Christopher-Hennings*

7/24/2020 | 16:06 CDT

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

**I accept the job offer outlined above.**

DocuSigned by:  
**CHRISTINA M LARSON**  
9FE3D13277EF40A  
\_\_\_\_\_  
*Signature of Appointee*

7/25/2020 | 10:57 CDT

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

cc: Supervisor, Dr. Jane Christopher-Hennings  
Human Resources  
Provost and Vice President of Academic Affairs, Dr. Dennis Hedge

Encl: Expectations of Employment Document  
Intellectual Property Policy & Intellectual Property Form  
Conflict of Interest Policy and Form  
Household Moving Allowance Form & Instructions

## Household Moving Allowance State of South Dakota

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

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

**Please check one:**

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

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

### Application

CHUN-MING (JIMMY) LIN

Name of Applicant

PATHOLOGIST

New Position Title

VET SCIENCE

Agency Employed By

\$103,863

Yearly Salary

GRAFTON, MA

City, State Moving From

BROOKINGS, SD

New Post of Duty (City)

07/22/2020

Expected Month Year of Move

00803  
Bureau of Human Resources Class Code

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

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

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

Chun-Ming Lin  
Signature of Applicant

5/13/2020 | 15:59 PDT

Date

### Authorization

The undersigned agent hereby certifies that the above 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 my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Jane Hennings

Name of Authorized Agent

Jane Hennings 5/14/2020 | 09:08 CDT

Signature of Authorized Agent Date

DEPARTMENT HEAD

Position/ Title of Authorized Agent

DEPARTMENT OF VETERINARY & BIOMEDICAL SCIENCE

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 STATE UNIVERSITY**

**Veterinary and Biomedical Sciences Department  
SD Animal Disease Research and Diagnostic Laboratory**

DATE: May 12, 2020  
TO: Dr. Chun-Ming Lin  
FROM: Jane Christopher-Hennings, DVM, MS  
Head, Department of Veterinary & Biomedical Science /Director, ADRDL  
South Dakota State University  
RE: Appointment with the Department of Veterinary & Biomedical Science  
South Dakota State University

On behalf of the South Dakota State University, I am very pleased to offer you, subject to approval by the President, an appointment as Assistant Professor of the Department of Veterinary & Biomedical Science in the College of Agriculture, Food, & Environmental Sciences. This is a 12-month, 100%-time tenure-track position. This appointment and rank is also contingent on support and approval of the College Tenure & Promotion Committee, University Tenure & Promotion Committee, the South Dakota Board of Regents' Chief Academic Officer, and the South Dakota Board of Regents. The effective date of this appointment is 07/22/2020. Annual appointment dates are June 22<sup>nd</sup> to June 21<sup>st</sup>. Dr. Jane Christopher-Hennings will be your direct supervisor. As with all employees, you will be evaluated annually.

You total annual salary is \$103,863 based on 12-months of work at 100% time. This salary is comprised of a faculty salary of \$103,863 based on the 12-month faculty rate.

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

This offer is contingent on verifying credentials and other information required by law and/or university policies, including but not limited to a criminal background check, as well as your delivery to Human Resources of an official transcript for your highest degree within 30 days of accepting this position. Withholding statements (W-4's) and United States employment eligibility verification documents (I-9) are available from the Payroll 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.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. The terms of appointment include a continuing nondisclosure obligation relating to personally identifiable information, access codes, and proprietary information made accessible to you in the course of your employment with the university that survives this appointment.

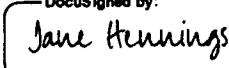
Rev. 04/13/2020

In accordance with Board of Regents Policy 4:34, the Board manages employee-created intellectual property. The provisions of this policy are enclosed. Also enclosed is a Conflict of Interest form that must be completed pursuant to Board of Regents Policy 4:35. Please review the policies and forms, sign the forms where provided and return the forms fully executed with this offer memo.

As an Assistant Professor, 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. A Household Moving Allowance form and instructions have been enclosed.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing and dating below and returning this memo, Expectations of Employment Document, a signed copy of the enclosed Agreement to Assign Intellectual Property, and a signed copy of the Conflict of Interest Form to my attention no later than June 22, 2020, retaining a copy for your records.

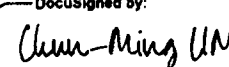
Sincerely,

DocuSigned by:  
  
02CFFD041FE1473...  
\_\_\_\_\_  
*Jane Christopher-Hennings*

5/12/2020 | 17:31 CDT

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

**I accept the job offer outlined above.**

DocuSigned by:  
  
09B305E06093493...  
\_\_\_\_\_  
*Signature of Appointee*

5/13/2020 | 14:25 PDT

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

cc: Supervisor, Dr. Jane Christopher-Hennings  
Human Resources  
Provost and Vice President of Academic Affairs, Dr. Dennis Hedge

Encl: Expectations of Employment Document  
Intellectual Property Policy & Intellectual Property Form  
Conflict of Interest Policy and Form  
Household Moving Allowance Form & Instructions

# 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

HAROON RASHID LONE	Visiting Asst. Prof.	Agency Employed By
Name of Applicant	New Position Title	
75,000	Charlottesville, VA	July 2020
Yearly Salary	City, State Moving From	Expected Month/Year of Move
00800	17-Aug-2020	
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. I know I may contact my agency's finance officer for options.

Signature of Applicant: Haron Rashid Lone Date: 21 July 2020

## 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.

Emai Wasley	Assistant Vice President HR
Name of Authorized Agent	Position/Title of Authorized Agent
[Signature]	University of South Dakota
Signature of Authorized Agent (D/C)	Agency of Authorized Agent

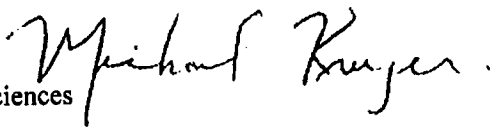
Approval by State Board of Finance

Signature of Secretary/Chair, Board of Finance



UNIVERSITY OF  
**SOUTH DAKOTA**  
COLLEGE OF ARTS & SCIENCES

**MEMORANDUM**

DATE: July 17, 2020  
TO: Haroon R. Lone  
FROM: Michael Kruger, Dean, College of Arts & Sciences   
RE: Appointment with the Department of Computer Science

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Assistant Professor in the Department of Computer Science. The effective date of this appointment is August 22<sup>nd</sup>, 2020. Annual appointment dates are *August 22<sup>nd</sup> through May 21<sup>st</sup>*. Your salary is \$75,000, based on nine months at 100% time. Dr. KC Santosh 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.

Your work reporting date is August 17, 2020. Your work release date is May 14, 2021. In the event the University has to modify the method of course delivery and/or adjust the academic calendar for fall semester due to the COVID-19 pandemic, the University reserves the right to modify the reporting dates of this appointment. If such modification is necessary, the University will provide notice at least 30 days prior to the current report date or new report date, whichever is earlier, and additional compensation and/or contract working days will be added to total compensation at the same salary rate as set forth in the current appointment. Reporting dates for international employees are dependent on work authorization.

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 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.

In addition, with the final provision of the Immigration Act of 1990, Public Law No. 101-649, effective October 1, 1991, Section 214.2 (h) (6) (vi) (E), the Department of Computer Science will comply with the directives of the law until the end of your authorized employment under the J1 status.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. As Visiting Assistant Professor, your position is eligible for state benefits. The University of South Dakota will provide up to \$2500 in moving expenses. Reimbursed moving expenses are considered taxable income. Guidelines on allowable expenses may be found <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, the attached personal data sheet, and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than July 20, 2020, retaining a copy for your records. Send the signed documents to:

Katherine Price  
Office of the Dean/College of Arts & Sciences  
The University of South Dakota  
414 E. Clark. St.  
Vermillion, SD 57069  
[Katherine.Price@usd.edu](mailto:Katherine.Price@usd.edu)

cc: KC Santosh, Chair, Department of Computer Science  
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

**Haroon R. Lone July 20, 2020**

*Signature of Appointee & Date Signed*

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

## 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

Isaiah Fink Avraham Cohen	Visiting Assistant Professor	University of South Dakota
Name of Applicant	New Position Title	Agency Employed By
\$51,000	Vermillion, SD	July/August 2020
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<i>00800</i>	8/22/2020	
Bureau of Human Resources Class Code	Employment Date with the State	
Baton Rouge, LA		
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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Applicant

*8/10/2020*  
\_\_\_\_\_  
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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Authorized Agent

*8/10/20*  
\_\_\_\_\_  
Date

**Assistant Vice President, HR**

Position/ Title of Authorized Agent

**University of South Dakota**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on

\_\_\_\_\_  
Date

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



UNIVERSITY OF  
**SOUTH DAKOTA**  
 COLLEGE OF ARTS & SCIENCES

**MEMORANDUM**

DATE: July 17, 2020  
 TO: Isaiah Cohen  
 FROM: Michael Kruger, Dean, College of Arts & Sciences  
 RE: Appointment with the Department of Anthropology & Sociology

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Visiting Assistant Professor in the Department of Anthropology & Sociology. The effective date of this appointment is August 22<sup>nd</sup>, 2020. Annual appointment dates are *August 22<sup>nd</sup> through May 21<sup>st</sup>*. Your salary is \$51,000, based on nine months at 100% time. Dr. Karen Koster 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.

Your work reporting date is August 17, 2020. Your work release date is May 14, 2021. In the event the University has to modify the method of course delivery and/or adjust the academic calendar for fall semester due to the COVID-19 pandemic, the University reserves the right to modify the reporting dates of this appointment. If such modification is necessary, the University will provide notice at least 30 days prior to the current report date or new report date, whichever is earlier, and additional compensation and/or contract working days will be added to total compensation at the same salary rate as set forth in the current appointment. Reporting dates for international employees are dependent on work authorization.

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 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.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. As Visiting Assistant Professor, your position is eligible for state benefits. The University of South Dakota will provide up to \$2500 in moving expenses. Reimbursed moving expenses are considered taxable income. Guidelines on allowable expenses may be found <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, the attached personal data sheet, and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than July 20, 2020, retaining a copy for your records. Send the signed documents to:

Katherine Price  
Office of the Dean/College of Arts & Sciences  
The University of South Dakota  
414 E. Clark. St.  
Vermillion, SD 57069  
[Katherine.Price@usd.edu](mailto:Katherine.Price@usd.edu)

cc: Karen Koster, Chair, Department of Anthropology & Sociology  
Nathan Gotto, HR Generalist, Office of Human Resources

I accept the job offer outlined above.

DocuSigned by:  
 7/17/2020  
33468CFEC412492  
*Signature of Appointee & Date Signed*

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



# 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

JENNIFER PHELAN  
Name of Applicant

77,770.80 Morton Grove, IL  
Yearly Salary City, State Moving From

CO803  
Bureau of Human Resources Class Code

ASSISTANT CLINICAL PROFESSOR  
New Position Title

VERMILION, SD JUNE 2020  
New Post of Duty (City) Expected Month/Year of Move

JUNE 22, 2020  
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. I know I may contact my agency's finance officer for options.

X [Signature]  
Signature of Applicant

7/15/2020  
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] 8/10/20  
Signature of Authorized Agent Date

Assistant Vice President, HR  
Position/ Title of Authorized Agent

University of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State Board of Finance on \_\_\_\_\_  
Date

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




UNIVERSITY OF  
**SOUTH DAKOTA**  
COLLEGE OF ARTS & SCIENCES

**MEMORANDUM**

DATE: February 26, 2020

TO: Jen Phelan

FROM: Michael Kruger, Dean, College of Arts & Sciences 

RE: Appointment with the Department of Communication Sciences & Disorders

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Clinical Professor in the Department of Communication Sciences & Disorders. The effective date of this appointment is June 22, 2020. Annual appointment dates are *June 22<sup>nd</sup> through June 21<sup>st</sup>*. Your salary is \$77,770.80 based on 12 months at 100% time. Jessica Messersmith 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 form, 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 an Assistant Clinical Professor, your position is eligible for state benefits. Your position is eligible for state benefits to include household moving allowance of up to one-month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$2,500 in moving expenses. Reimbursed moving expenses are considered taxable income. Once paid, Payroll will be contacting you regarding any options available to you with regards to the deduction.

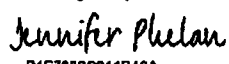
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than March 4, 2020, retaining a copy for your records. Please email the signed scanned documents, followed by paper copies, to:

Katherine Price, Program Assistant  
Office of the Dean  
University of South Dakota  
414 E. Clark Street  
Vermillion, SD 57069  
[Katherine.Price@usd.edu](mailto:Katherine.Price@usd.edu)

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

cc: Jessica Messersmith, Chair, Department of Communication Sciences & Disorders  
Nathan Gotto, Human Resources Representative

I accept the job offer outlined above.

DocuSigned by:  
  
B1E7882C311B48A  
\_\_\_\_\_  
*Signature of Appointee*

2/26/2020

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

## Household Moving Allowance State of South Dakota

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

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

Please check one:

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

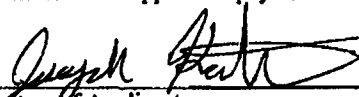
**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board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

### Application

<u>Joseph Kantebacher</u>	<u>Assistant Professor</u>	<u>USD</u>
Name of Applicant	New Position Title	Agency Employed By
<u>\$68,500</u>	<u>Vermillion, SD</u>	<u>07/2020</u>
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
<u>00800</u>	<u>July 22, 2020</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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

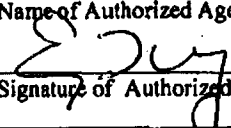
  
Signature of Applicant

July 22, 2020  
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

 8/10/20  
Signature of Authorized Agent Date

Assistant Vice President, HR  
Position/ Title of Authorized Agent

University of South Dakota  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State Board of Finance on

\_\_\_\_\_ Date

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



UNIVERSITY OF  
**SOUTH DAKOTA**  
COLLEGE OF ARTS & SCIENCES

MEMORANDUM

DATE: January 24, 2020  
TO: Joe Kantenbacher  
FROM: Michael Kruger, Dean, College of Arts & Sciences  
RE: Appointment with the Department of Sustainability & Environment

A handwritten signature in black ink that reads "Michael Kruger".

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Department of Sustainability & Environment. The effective date of this appointment is July 22, 2020. Annual appointment dates for this contract year are *July 22<sup>nd</sup> through May 21<sup>st</sup>*. The annual appointment dates for any subsequent years will be *August 22 through May 21<sup>st</sup>*. Your salary is \$68,500 based on nine months at 100% time. You will be paid from July 22<sup>nd</sup>, 2020 through August 21<sup>st</sup>, 2020 at the same annualized rate as your nine-month salary. Meghann Jarchow 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 form, 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 an Assistant Professor, your position is eligible for state benefits. Your position is eligible for state benefits to include household moving allowance of up to one-month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$3,000 in moving expenses. Reimbursed moving expenses are considered taxable income. Once paid, Payroll will be contacting you regarding any options available to you with regards to the deduction.

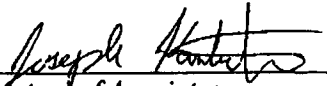
If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property and Conflict of Interest Form no later than January 31, 2020, retaining a copy for your records. Please email the signed scanned documents, followed by paper copies, to:

Katherine Price, Program Assistant  
Office of the Dean  
University of South Dakota  
414 E. Clark Street  
Vermillion, SD 57069  
[Katherine.Price@usd.edu](mailto:Katherine.Price@usd.edu)

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

cc: Meghann Jarchow, Chair, Department of Sustainability & Environment  
Nathan Gotto, Human Resources Representative

I accept the job offer outlined above.

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

1/29/2020  
\_\_\_\_\_  
Date

# Household Moving Allowance State of South Dakota

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

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

**Please check one:**

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

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

## Application

Anthony Harris

Name of Applicant

42,500

Yearly Salary

Fayetteville, AR

City, State Moving From

00511

Bureau of Human Resources Class Code

Assoc Head Coach

New Position Title

Vermillion, SD

New Post of Duty (City)

08/03/2020

Employment Date with the State

USD Athletics

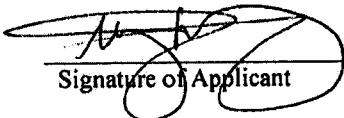
Agency Employed By

Aug 2020

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.

I understand that household moving allowance is considered taxable income according to IRS regulations, and I am responsible for all applicable payroll taxes. I know I may contact my agency's finance officer for options.

  
Signature of Applicant

8/3/2020  
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

8/10/20  
Date

Assistant Vice President, HR

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



DEPARTMENT OF ATHLETICS  
The University of South Dakota  
Sanford Coyote Sports Center  
414 E. Clark Street  
Vermillion, SD 57069-2390  
[www.GoYotes.com](http://www.GoYotes.com)  
605-658-5500

## MEMORANDUM

DATE: July 21, 2020  
TO: Anthony Harris  
FROM: David Herbster, Athletic Director, 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 as the Associate Head Coach, Swimming & Diving. The effective date of this appointment is August 3, 2020. Your annual salary is \$42,500.00 based on 12 months at 100% time. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

The administrative appointment shall commence on August 3, 2020 and shall not extend beyond June 21, 2020. Annual fiscal year appointment dates are June 22 through June 21. 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.

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 \$3,500.00 in moving expenses. Reimbursed moving expenses are considered taxable income.

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 attached policy, sign where indicated and return with this offer memo, retaining a copy for your records. A conflict of interest form will also be required to be signed and will be sent separately.



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.

Currently all orientation sessions for new employees are being held on-line. You will be notified by email the session you are to attend.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by electronically signing this offer, and the accompanying documents, by July 30, 2020.

Sincerely,



David Herbst  
Athletic Director

cc: Human Resources

I accept the job offer outlined above.

DocuSigned by:  
  
F706836CF9E19EB...  
Signature of Appointee

7/21/2020  
Date Signed

DS  
EW

DS  
JM



**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 month of the request. Documentation received after that time will be processed in the next month. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 7/24/20 Agency: Dept of Tourism  
Agency Address: 711 East Wells Ave, Pierre, SD 57501  
Agency Phone Number: 605.773.3301  
Employee Requesting Reimbursement: James Hagen  
Total Amount of Reimbursement: \$ 68.76  
Date(s) of Hosting Expense: 7/1/20 - 7/2/20  
Receipts Attached:  Y  N

Explanation of official business performed: Hosting Mary Hart and family. Mary was Master of Ceremonies for Mount Rushmore Fireworks celebration 7/3/20

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

Signature of Employee: James D. Hagen Date: 7/27/20

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.

Name of Department/Office Head: Tony Venhuizen Position/Title of Agency Official: Chief of Staff  
Signature of Department/Office Head: [Signature] Date: 7/28/2020

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.

Mount Rushmore Concessions  
13000 Hwy 244, Bldg 81  
Keystone, SD 57751

25184 Deborah

CHK 2866

7/2/2020 4:44 PM

1 Smart Water	3.00
1 Smart Water	3.00
1 Smart Water	3.00
Cash	\$20.00
Cash	-\$11.00
NA Beverage	\$9.00
Payment	\$9.00
<b>Change Due</b>	<b>\$11.00</b>

----- Check Closed -----

7/2/2020 4:44 PM

Thank you for visiting  
Mt Rushmore! Please take a  
few minutes to tell us about your  
experience by visiting:  
[www.mtrushmoresurvey.com](http://www.mtrushmoresurvey.com)  
to take a short survey.

~~\$11.00~~

\$9.00

Holiday Stationstores  
Shop the difference!

Store # 449  
1846 Eglin Str  
Rapid City, SD 57701  
605-342-8005

7/2/2020 9:48:53 AM



RAPID CITY - 605-341-8620  
07/01/2020 10:34 AM EXPIRES 09/29/20

\*\*\*\*\* REPRINT\*\*\*\*\*

Register: 2 Trans Seq #: 343610  
Store: # 449 Brenda  
ARCTIC GLACIER SBT 6LB \$2.19  
WORKS WASH \$11.00  
Car Wash Code: **50863**  
Code good for 30 days after purchase  
If code has expired,  
see cashier for a new code

Code must be used at store of purchase

2 PERRIER SPRKL WATER 16.9 \$2.98 ✓  
3 COKE 200Z \$6.27 ✓  
Car Wash w/Gas DSC -\$1.00  
ALL 200Z SODA 3FOR -\$1.77  
  
Sub. Total: \$19.67  
Tax: \$1.28  
Total: \$20.95  
Discount Total: -\$2.77  
  
American Express: \$20.95  
Change \$0.00

Sale

American Express  
Card Num : XXXXXXXXXXXX1004  
Chip Read  
Terminal : JD46449615001  
Approval : 876171  
Sequence : 048868

6.27  
2.78  
9.25

USD\$ 20.95

AMERICAN EXPRESS  
Mode: Issuer  
AID: A000000025010801  
TVR: 0000008000  
IAD: 06B8010360A006  
TSI: F800  
ARC: 00  
TC: 5E0E7C2B54CF5E28

Thank You  
Please Come Again Soon  
Visit us at  
[www.holidaystationstores.com](http://www.holidaystationstores.com)



ENTERTAINMENT-ELECTRONICS  
276030558 \$15 SB \$15.00  
#1938739333  
ACTIVATION SUCCESSFUL  
276030558 \$15 SB N \$15.00  
#1982723608  
ACTIVATION SUCCESSFUL

GROCERY  
071081799 PLANTERS FT \$6.29  
071201954 CLIF FILL FT \$5.19  
094083900 ORGAIN FT \$8.99  
211080447 GT'S FT \$3.19  
211110140 CALBEE FT \$1.99  
266084240 BULK PRODUCE FT \$3.99  
267500005 2LB ORGANIC FT \$1.39  
271400710 FIJI FT \$5.00  
2 @ \$2.50 ea ↓

SUBTOTAL \$66.03  
T = SD TAX 6.5000% on \$36.03 \$2.34  
  
TOTAL \$68.37  
\*1004 AMEX CHARGE \$68.37  
AID:A000000025010801  
AMERICAN EXPRESS

↓ INDICATES SAVINGS

REC#2-0183-2457-0076-4685-8 VCD#757-253-349

Help make your Target Run better.  
Take a 2 minute survey about today's trip:

[informtarget.com](http://informtarget.com)  
User ID: 7981 6754 3992  
Password: 353 142

CUENTENOS EN ESPAÑOL

Please take this survey within 7 days.

9.25  
30.00  
-----  
39.25



4101 S LOUISE AVE  
 SIOUX FALLS, SD  
 605-361-0313  
 E-mail comments:  
 1631storemanager@hy-vee.com  
 June 30 2020 12:24 PM

Chubby Chipmunk  
 Hotel Alex Johnson

**Wine & Spirits**

PB RED ASS RHUBARB 17.99 x

Tax Rate	Taxable Amount	Tax Amount
Tax3..7.5%	17.99	1.35
Total Tax:		\$1.35

BALANCE DUE 19.34

Cash \$20.00  
 CHANGE \$0.66

\*\*\*\*\*  
 WIN A \$500 HY-VEE GIFT CARD!

Please visit [www.Hy-VeeSurvey.com](http://www.Hy-VeeSurvey.com)  
 and key in the 16-digit code below  
 to take a brief survey and enter for  
 your chance to win a \$500 Hy-Vee  
 gift card.

# 0630163120320013

No purchase necessary to enter  
 sweepstakes. See website for official  
 sweepstakes rules.

\*\*\*\*\*

Total number of items sold = 1

Cashier:0415 Name:Kurtis G.  
 Store:1631 POS:032 Transaction:0013  
 Jun 30 2020 12:24 PM

Thank You for  
 Shopping Your  
 Empire Hy-Vee!

*Wine not allowed* ↑

Merchant ID :  
 Terminal ID : 17  
 Check No : 9013  
 Table No : C  
 Server : 4013 DIANE  
 : FAGEN/JAMES D  
 Acct Num : XXXXXXXXXXXX1004  
 Expiry Date : \*\*/\*\*  
 Card Type : AMEX  
 Trans Type : Purchase  
 Trans Date : 7/1/2020  
 Trans Time : 11:00 AM  
 Entry Mode : Chip  
 Auth Code : E25742  
 Response Code : 00  
 Mode: Issuer  
 AID : A000000025010801  
 ARC : C0  
 TVR : C000008000  
 TSI : F800  
 IAD : C6B8010360A006  
 TOTAL : LSD\$ 20.51  
 00 Approved - Thank You 000

*20 SL*

*[Signature]*  
 I Agree to pay total amount as  
 per the Card Issuer Agreement.  
 Customer Copy

Chubby Chipmunk

4013 D HUBER

Chk 9013 Jul10'20 10:59A Gst 0

**ChubbyChip**

FR:07/01/20 10:59:58

1 Truffle (5 Pack) 15.99  
 1 Truffle 3.09  
 AT325742 XXX1004  
 AMEX 20.51

*20.51*

Food Total 19.08  
 Tax Total 1.43  
 Payment Made 20.51  
 Food Add-on 1.43

**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 submitted to the State Board of Finance - Office of Secretary of State, 500 E. Capitol Ave., Pierre, SD 57501. All supporting documentation will comply with Bureau of Information Management information.

**Application**

Date: 7/29/20  
Agency: Tourism  
Agency Address: 711 E WILLS AVE, PIERRE SD 57501  
Agency Phone Number: 605 773 3301  
Employee Requesting Reimbursement: ~~James S. Hoge~~ KATHY RICHTER  
Total Amount of Reimbursement: \$83.19  
Date(s) of Hosting Expense: 7/29/20  
Receipts Attached:  N  
Explanation of official business performed: Hosted journalists in Pierre on their way through their Road Trip vacation story they are working on.

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

Signature of Employee: [Signature] Date: 7/29/20

**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.

Dept. of Tourism

Name of Department/Office Head: James S. Hoge  
Signature of Department/Office Head: [Signature]

Position/Title of Agency Official: Department Secretary  
Date: 7/29/20

**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.

Jake's Place

1005 Bar Day

Tbl T7/1 Chk 186 Gst 6

Jul29'20 12:16PM

Bar

3 *Water	0.00
1 Diet Coke	1.95
1 Arnie	1.95
1 Chislic	8.95
Ranch	
As Appetizer	
1 Chislic	8.95
Ranch	
As Appetizer	
1 Wings FULL	11.95
Both	0.95
Ranch	
1 Turkey Melt	7.50
Frzn Fries	1.95
1 Buffalo Salad	9.95
No Choice	
1 Turkey Wrap	9.50
Tater Tots	2.25
Key:1811202562	
1 SkyTab Trld	0.00
Charge Tip	12.69
Visa	83.19
Subtotal	65.85
Tax	4.65
Service Chrg	12.69
Payment	83.19

-----1005 Check Closed-----

-----Jul29'20 01:11PM-----

Payment Amount	\$70.50
Tip	\$12.69
Payment Total	\$83.19

Transaction #: 5

Card No.: VISA \*\*\*\*3879

Reference: 1811202562

ATP: 1005001500 1/3

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

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

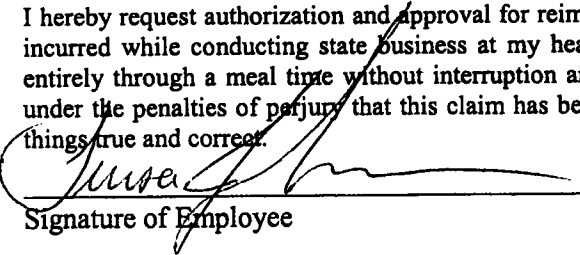
State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

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: 07/14/2020 Agency: Animal Industry Board  
Agency Address: 411 S Fort St, Pierre  
Agency Phone Number: (605) 773-3321  
Employee Requesting Reimbursement: Drifters Event Center  
Total Amount of Reimbursement: \$257.83 (19 meals at \$13.57 each)  
Date(s) of Expense: 07/14/2020  
Event Leave Time: 8:30 am Event Return Time: 2:30 pm  
Explanation of official business performed: Annual AIB Board Meeting  
Meeting location Drifters Event Center, Ft Pierre - State employees home  
stationed in Pierre are: Oedekoven, Miller, Reenders, Anderson, Tedrow  
Johnson, ODaniel, Wenzel

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

07/30/2020  
\_\_\_\_\_  
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.

Dustin Oedekoven, DVM  
\_\_\_\_\_  
Name of Department/Office Head

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

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

07/30/2020  
\_\_\_\_\_  
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.**





# INVOICE

14 July 2020

257.83

**Drifters Bar and Grille**

325 Hustan Ave  
Fort Pierre, SD  
605.220.5014

**SD Animal Industry Board**

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
19	Plated Lunch	13.57	257.83
	Food and Beverage Tax	7.50%	exempt
	Other Tax	6.50%	exempt
	Total		257.83
Final Balance			\$257.83

**MEETING DETAILS**

**OTHER INFORMATION**

Event Date: 7/14/20  
Event Time: 8:00AM  
Event Room: Hull  
Guest Count: 20



## SD ANIMAL INDUSTRY BOARD

411 South Fort Street  
Pierre, South Dakota 57501-4503  
Phone: (605) 773-3321  
Fax: (605) 773-5459  
TTY: 1-800-877-1113

### SOUTH DAKOTA ANIMAL INDUSTRY BOARD ANNUAL MEETING TUESDAY JULY 14, 2020

#### Updated Tentative Agenda

8:30 AM Approval of Agenda

Approval of the Minutes of December 16, 2019 Board Meeting

#### Disease Updates

- Covid-19 Related Supply Chain Disruption
- Vesicular Stomatitis
- Rabbit Hemorrhagic Fever
- Bovine Tuberculosis

#### Animal Health and Other Updates

- Avian Health
- Livestock Neglect Complaints
- ADRDL Expansion Update
- Animal Identification and Traceability
- Meat Inspection
- Livestock Auction Market Updates
- Aquatic Animal Health
- Secure Food Supply Plans

10:00 AM Hearing: Tri-County Locker License

Annual Report Review / Approval

#### Board Business

- WY Brucellosis Import Test Requirements
- Board and Staff Travel Authorization
- Reportable Disease List
- Joint Powers Agreement with Veterinary Medical Exam Board

Board Election of Officers

Executive Session

Public Comments

Adjourn

**Note: Scheduled times are CDT and estimates only. Agenda items may be delayed due to prior scheduled items or may be moved up on the agenda. Breaks and recess will be at the discretion of the president.**

# ATTENDANCE ROSTER

DATE 7-14-20

PAGE 2

PURPOSE OF MEETING ANIMAL INDUSTRY BOARD ANNUAL MEETING

PLEASE PRINT  
FIRST AND LAST NAME

ADDRESS

REPRESENTING

Alex Helm	Wood SD	Helm Land + Bison DTBA ✓
Larry Rhoden	Union Center SD	GOV ✓
Lorrin Naasz	Pierre, SD	SDDA ✓
<del>John Voegeli DVM</del>	Piedmont, S.D.	SDVMA ✓
Dani Hansen	Pierre, SD	SD Farm Bureau ✓
<del>Janice Hallstrom</del>	Clark, SD	AIB ✓
<del>Shale Kramme</del>	Fort Pierre, SD	Attorney General's office ✓
<del>Chelsea Gilbertson</del>	Vermillion, SD	ATC's office - intern ✓
Samantha Merrill	Pierre, SD	Gunderson, Palmer, Nelson & Ashmore - Intern
Randy Boesem	Newell S.D.	Tri County Locker Gunderson Palmer Law Firm -
Stacy Hesse	Pierre, SD	Tri County Locker
<del>Chelsea Warrick</del>	Pierre, SD	✓
Nick Thompson	<del>D.</del> Vermillion, SD	AG office - intern ✓

# ATTENDANCE ROSTER

DATE 7-14-20

PAGE 1

PURPOSE OF MEETING ANIMAL INDUSTRY BOARD ANNUAL MEETING

PLEASE PRINT  
FIRST AND LAST NAME

ADDRESS

REPRESENTING

- Susan Keenders	Pierre	SDAIB
Josh Kitzon	<del>Pierre</del> Nisland	SDAIB
Adam Weckmann	Summerset	SDAIB
- Meade Miller	PIERRE	AIB
Shelly Daniel	Ft Pierre	AIB
Dustin Oedeke	Pierre	AIB
Juan	Pierre	AIB
Tammy Anderson	Pierre	AIB
- Bryan Kay	Acou	AIB
- Todd Tetlow	Ft Pierre	AIB
Steve Romasco	Alcester	AIB
Carolyn Geis	Emery	AIB
ynn Boadwine	Baltic SD	AIB
Eric Jursen	White River	AIB
Jul Slamm	Rapid City SD	DTBA ✓

## 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: 7/15/2020 Agency: GOED  
Agency Address: 711 E Wells Ave., Pierre, SD 57501  
Agency Phone Number: 605-773-4633  
Employee Requesting Reimbursement: Scott Amundson  
Total Amount of Reimbursement: 26.60  
Date(s) of Hosting Expense: 7/14/2020  
Receipts Attached: Y / N  
Explanation of official business performed: Hosted a GOED regional roundtable for economic developers and partners. Provided water and snacks for guests and speakers.

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.

Scott Amundson  
Signature of Employee

7-15-20  
Date

### Authorization

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

Steve Westra  
Name of Department/Office Head

Commissioner  
Position/Title of Agency Official

[Signature]  
Signature of Department/Office Head

08/12/2020  
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.

Use Your  2%  
BIG CARD REBATE

**MENARDS**

**MENARDS - PIERRE**  
2010 N Garfield Ave  
Pierre, SD 57501

KEEP YOUR RECEIPT  
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 10/12/20

If you have questions regarding the charges on your receipt, please email us at:  
PIERfrontend@menards.com



Sale Transaction

GLACIERMIST SPRING WATER	2.68
2733921	
OM SALT WATER TAFFY	3.29
5738546	
OM TOOTSIE FRUIT ROLL	3.59
5738558	
STRAWBERRY JUMBO DONETTE	3.39
5742153	
BLUEBERRY JUMBO DONETTES	3.39
5742155	
HERSHEY MINIATURES	3.48
2731490	
CHERRY CHEESE DANISH	3.39
5742150	
ICED CINNAMON ROLLS	3.39
5742152	
MENARD REBATE NO: 6224830915	0.98
Remaining Balance: \$0.00	
MENARD REBATE NO: 6224034324	1.49
Remaining Balance: \$0.00	
MENARD REBATE NO: 6226360536	1.70
Remaining Balance: \$0.00	
MENARD REBATE NO: 6224542165	20.43
Remaining Balance: \$12.83	

TOTAL SALE  
TOTAL NUMBER OF ITEMS = 12

THE FOLLOWING REBATE RECEIPTS WERE  
PRINTED FOR THIS TRANSACTION:  
568

THANK YOU

37916 08

Use Your  2%  
BIG CARD REBATE

**MENARDS**

MENARDS - PIERRE

# Rebate Receipt



0568000029306101544024332105

11% Rebate on Everything (29A)

Rebate #568

Offer valid 07-12-20 Thru 07-18-20

Initial mailing date 08-08-20

Store: 3321

Obtain rebate form, pickup at Rebate Center in store, or go to [www.menards.com](http://www.menards.com) and download as needed.

Rebate form for terms and conditions attached to rebate submission.

Rebate Amount 2.93

6 06 1015 07/14/20 01:37PM 3321

11.70 GF  
\$126.60

26.60

**Mettler, David L.**

---

State Board of Finance,

Hi, I have some home station per diem reimbursement requests for a Geology field camp course at the South Dakota School of Mines and Technology. We need these forms approved for the direct billing of these expenses. All of the employees teaching the course ate on campus with students and some also stayed at the dorms with students. The meals were \$27 a day and the dorm rooms were \$30 a night. Attached is the flyer for the field camp and the signed request forms.

Thank you.

*David Mettler*

*Accounting Assistant*

*SDSM&T Administrative Services*

*605-394-5153 | [david.mettler@sdsmt.edu](mailto:david.mettler@sdsmt.edu)*

**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: 7/13/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: J. Foster Sawyer  
Total Amount of Reimbursement: \$395.35  
Date(s) of Expense: 7/14 - 7/26  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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.

J. Foster Sawyer  
Signature of Employee

7-14-20  
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.

Nuri Uzunlar  
Name of Department/Office Head  
Nuri Uzunlar  
Signature of Department/Office Head

Director, BHNSFS  
Position/Title of Agency Official  
7/27/2020  
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.



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

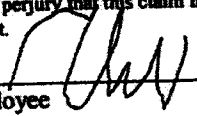
When Application and Authorization sections are completed, please submit the original to:

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

**Application**

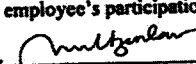
Date: 7/11/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Umit Yildiz  
Total Amount of Reimbursement: \$385.35  
Date(s) of Expense: 7/14 - 7/28  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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 7/14/20

**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  Director, BHNSFS  
Signature of Department/Office Head Nuri Uzunlar Position/Title of Agency Official  
Date 7/27/2020

**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.

**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: 7/11/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Ryan Sincavage  
Total Amount of Reimbursement: \$671.14  
Date(s) of Expense: 7/12 - 7/30  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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] Date 7/13/2020  
Signature of Employee

**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.

[Signature] Director, BHNSFS  
Name of Department/Office Head Position/Title of Agency Official  
Nuri Uzunlar 7/27/2020  
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.

**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: 7/13/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Chris Pellowski  
Total Amount of Reimbursement: \$ 671.14  
Date(s) of Expense: 7/12 - 7/30  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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.

Chris Pellowski  
Signature of Employee

7/21/2020  
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.

Nuri Uzunlar  
Name of Department/Office Head  
Nuri Uzunlar  
Signature of Department/Office Head

Director, BHNSFS  
Position/Title of Agency Official  
7/27/2020  
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.**

**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: 7/10/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Jeremy Sherron  
Total Amount of Reimbursement: \$ 671.14  
Date(s) of Expense: 7/12-7/30  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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.

Jeremy Sherron 7/21/2020  
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.

Nuri Uzunlar Director, BHNSFS  
Name of Department/Office Head Position/Title of Agency Official  
Nuri Uzunlar 7/27/2020  
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.

**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: 7/13/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Jon Rotzien  
Total Amount of Reimbursement: \$641.14  
Date(s) of Expense: 7/13/20-7/29/20  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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.

Jon R. Rotzien Date 7-20-20  
Signature of Employee

**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.

Nuri Uzunlar Director, BHNSFS  
Name of Department/Office Head Position/Title of Agency Official  
Nuri Uzunlar 7/27/2020  
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.

**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: 7/11/20 Agency: SD School of Mines  
Agency Address: 501 East St. Joseph Street, Rapid City, SD  
Agency Phone Number: 605-394-2494  
Employee Requesting Reimbursement: Harry Felkorn  
Total Amount of Reimbursement: \$ 671.14  
Date(s) of Expense: 7/10 - 7/30  
Event Leave Time: 5 am Event Return Time: 8 pm  
Explanation of official business performed: Teaching 410 Field Geology Course

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.

Harry Felkorn 7/22/2020  
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.

Nuri Uzunlar Director, BHNSFS  
Name of Department/Office Head Position/Title of Agency Official  
Nuri Uzunlar 7/27/2020  
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.



## **SOUTH DAKOTA MINES**

**\$385.35 - J. Foster Sawyer – ate, did not stay on campus. Breakfast, lunch and dinner 7/14 – 7/28**

**\$385.35 - J Umit Yildiz– ate, did not stay on campus. Breakfast, lunch and dinner 7/14 – 7/28**

**\$671.14 - J Ryan Sincavage– ate and stay on campus (7/12-7/30) Breakfast, lunch and dinner 7/14 – 7/28, Breakfast and lunch 7/29**

**\$671.14 - Chris Pellowski – ate and stayed on campus (7/12 – 7/30). Breakfast, lunch and dinner 7/14 – 7/28, Breakfast and lunch 7/29**

**\$671.14 - Jeremy Shannon– ate and stayed on campus (7/12 – 7/30). Breakfast, lunch and dinner 7/14 – 7/28, Breakfast and lunch 7/29**

**\$641.14 - Jon Rotzien– ate and stayed on campus (7/13 – 7/29). Breakfast, lunch and dinner 7/14 – 7/28, Breakfast and lunch 7/29**

**\$671.14 - Harry Filkorn– ate and stayed on campus (7/12 – 7/30). Breakfast, lunch and dinner 7/14 – 7/28, Breakfast and lunch 7/29**

**Breakfast - \$6.60**

**Lunch - \$9.19**

**Dinner - \$9.90**

**Housing - \$15.00 per night/per person**

# GEOL - 410 Field Geology

July 13 – July 29

**Black Hills - South Dakota and Wyoming**

GEOL 410 Field Geology - Six semester credits (3 credits camp & 3 credits online)



**Cost:** \$4,395.00 for consortium members and \$4,795 non-consortium. Deposit of \$300 is due at registration. Includes tuition, all fees, food and transportation from Rapid City. Course is limited to 30 students.

- **Important dates:** Monday, July 13 at 8:00 AM – Meet at SDSM&T. If you are arriving on Sunday, please let us know so we can arrange for lodging. Wednesday, July 29 – end of camp – students leave at 12:00 noon. Each week comprises six days of work with Sundays free for individual activities. Some optional Sunday field trips are planned for students unfamiliar with the Black Hills.
- **Location:** SDSMT
- **Introduction:** The scenic Black Hills of South Dakota and Wyoming provide the setting of world-class geology for the course. Students will map Precambrian metamorphic, Phanerozoic sedimentary and Tertiary igneous rocks to better understand the complex geologic evolution of the Black Hills uplift from the Trans-Hudson orogeny to the post-



Laramide deposition sediments that make up the Badlands area east of the Black Hills as well as in the Slim Buttes area of northwestern South Dakota.

- **Projects:** Students will measure, describe and correlate stratigraphic sections to gain familiarity with Paleozoic and Mesozoic formations of the Black Hills region. The weekly mapping projects, involving different rock types and undertaken at various scales, provide interesting geologic insight to the major stages of the Black Hills uplift. The second week project begins with the mapping of a structure with inclined sedimentary rocks. The third week project involves the mapping of igneous rocks and how they may have affected the overlying and surrounding rocks. The fourth week involves the mapping of metamorphic rocks and their complex deformation history. The fifth week involves the mapping of sedimentary rocks with complex structural/tectonic elements. These exercises will emphasize the preparation of stratigraphic columns in addition to geologic maps, structural cross sections and the completion of formal geologic reports.
- **Prerequisites:** Completion of junior year of study, Physical Geology, Mineralogy, Igneous/Metamorphic Petrology, Stratigraphy/Sedimentation and Structural Geology, or consent of the Director.
- **Course objectives:** In addition to standard Brunton compasses, students will utilize GPS for detailed mapping using aerial photographs and topographic base maps. The skills and technical knowledge gained in this course are applicable to environmentally related problems in addition to practical applications in mineral resources and hydrogeology, for example.
- **Physical demands:** Field work will involve working off-trail in semi-rugged to rugged terrain and may include hikes of some length. Students should be both physically and mentally prepared and comfortable with steep terrain.
- **Climate:** Summer weather with mostly sunny days with temperature ranges of highs from the 70s-80s to the 100s with typically low humidity and lows from the 60s to the 70s at night.
- **Facilities:** Lodging for the duration of the course will be at the SDSM&T dormitory in Rapid City, SD. Students will need to supply their own bedding (sheets, pillowcase, blanket for a single bed or sleeping bag as well as towels, wash cloth, etc.).
- **Required textbook:** Latest edition (1985) of Compton's "Geology in the Field" is required. Available at the SDSM&T bookstore and on Amazon as hard cover or e-book (\$19).
  - **Field Clothing /Equipment /Drafting ect: EQUIPMENT LIST**

### FACULTY

Geology professors and staff from: South Dakota School of Mines & Technology and other universities.

*For more information please contact BHNSFS at (605) 394-2494 or write to*

[nuri.uzunlar@sdsmt.edu](mailto:nuri.uzunlar@sdsmt.edu)