

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending of
February 2022 & Travel for March and
April 2022***

***Presented to the Floyd County Board of Education,
meeting in Regular session
March 28, 2022***



Floyd County Schools

Salaried Time and Attendance Certification/Affidavit

C= Contract
 NC= Non Contract
 P= Personal
 S= Sick
 E= Emergency
 H= Holiday
 SC= School Closed
 PD= Professional
 JD= Jury Duty

Employee Number 12717

School/Location C.O.

Employee Name Anna Shepherd

Month/Year 2/2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
		C	AS	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C					
DAY	DAY	DAY	DAY	DAY	DAY	DAY

I hereby affirm and attest that the information I have provided is true and, under the provision of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee Signature

Anna W. Shepherd

Date

3-1-22

Supervisor Signature

Date

Total Contract Days

THIS Period

TOTAL YTD

Total Holidays

Total PD Days

Total Sick Days

Total Personal Days

Total Emergency

Total Paid Days

Total Non-Contract

19

5

3

0

1

165.5

7.5

This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.

Travel Request Form

Floyd County Schools

Name Anna Shepherd

SSN#

Employee School/Location

Superintendent at CO/Eastern, KY

Conference/Workshop, City & State

KEDC Board of Directors Meeting/Lexington

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	04/20/22		FROM	Staffordsville
RETURN	04/21/22		TO	Lexington

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.44 per mile)

MILEAGE RATE(01-01-22 THRU 03-31-22)

ENTER MILES
OR NUMBER OF
DAYSAmounts
requested

\$ 0.44

\$ -

Bus/Airfare

Amount Per Day

Subsistence (Overnight stay required)

Amount Per Day

\$ 54.00

Lodging (Do not include direct billing to BOE)

Amount Per Day

Miscellaneous Reimbursable Expenses

TOTAL ESTIMATED EXPENSES TO BE REIMBURSED \$ 54.00

Statement of Rationale for Attendance

Signature of Applicant

Date

Signature of Superintendent/Designee

Date

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00
 (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.--\$10.00
 (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.--\$18.00
 (D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form.
 (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.

