

# ***Floyd County Schools***

## ***Superintendents Travel & Timesheet***

***For the Month Ending in  
April 2022 &  
Travel for May and June 2022***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
April 25, 2022***



# Floyd County Schools

## Salaried Time and Attendance Certification/Affidavit

Revised  
5-4-22

Employee Number 12717

School/Location CO

Employee Name Anna Shepherd

Month/Year April 22

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY
	C	C	C	C	NC	
DAY	DAY 11	DAY 12	DAY 13	DAY 14	DAY 15	DAY
	C	C	C	C	C	
DAY	DAY 18	DAY 19	DAY 20	DAY 21	DAY 22	DAY
	C	.5 C .5 AS	C	C	C	
DAY	DAY 25	DAY 26	DAY 27	DAY 28	DAY 29	DAY
	C	C	C	C	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 <u>Anna W. Shepherd</u>	Date <u>5-4-22</u>	THIS Period <u>19.5</u>	TOTAL YTD <u>181</u>
Supervisor Signature <u>Linda C. Hearshart</u>	Date <u>5/4/22</u>	Total Contract Days <u>4</u>	Total PD Days <u>6.5</u>
		Total Sick Days <u>1</u>	Total Personal Days <u>192.5</u>
		Total Emergency <u>1</u>	Total Non-Contract <u>7.5</u>

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**

Central Office, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KVEC Board of Directors Meeting/Hazard

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/25/22	9:00am	FROM	Eastern, KY
RETURN	05/25/22	3:00pm	TO	

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

	MILEAGE RATE(04-01-22 THRU 06-30-22)	ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.49 per mile)	\$ 0.49		\$ -
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ -</b>

**Statement of Rationale for Attendance**

Blank space for rationale.

Signature of Applicant: Anna W. Shepherd

Date: 5-13-22

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.



### Travel Request Form Floyd County Schools

Name: Anna Shepherd SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

KASS Superintendents Summit/Western Hills High School, Frankfort, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	06/15/22	4:00pm	FROM	Staffordsville, KY
RETURN	06/16/22	7:00pm	TO	Frankfort, KY

**MUNIS CODING**

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

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.49 per mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	276 \$ -
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			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 54.00</b>

**Statement of Rationale for Attendance**

Blank area for rationale for attendance.

Signature of Applicant: Anna W. Shepherd Date: 5-13-22

Signature of Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00
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- (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.--\$18.00
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## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Central Office, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

SOAR Summit/First Federal Center, Hazard, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	06/23/22	7:00am	FROM	Staffordsville, KY
RETURN	06/24/22	5:00pm	TO	Hazard, KY

**MUNIS CODING**

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

**Estimated Employee Expenditure Reimbursement**

	MILEAGE RATE(04-01-22 THRU 06-30-22)	ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.49 per mile)	\$ 0.49		\$ -
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			\$ -

**Statement of Rationale for Attendance**

Anna W. Shepherd \_\_\_\_\_ 5/13/22  
**Signature of Applicant** **Date**

\_\_\_\_\_ \_\_\_\_\_  
**Signature of Superintendent/Designee** **Date**

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00
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