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

	Will seller	The water the bear	_							ALCO CALL			
ซ		p	Saturday	DAY	DAY	DAY	DAY	DAY	DAY	TOTAL YTD	181	6.5	7.5
C= Contract NC= Non Contract P= Personal S= Sick	E= Emergency H= Holiday	SC= School Closed PD= Professional JD= Jury Duty	Satu					-		THIS Period	[6,5]	5,	193.5 1
avit	0	on's 22	Friday	C. DAY	UC BRY	C. DAY	DAY CE	299 C	DAY	s me to take the leave ion.	Total Contract Days Total Holidays	Total Fibrarys Total Sick Days Total Emergency	Total Paid Days Total Non-Contract
ols tification/Affic	School/Location	Month/Year	Thursday	DAY	C	DAY	DAY	DAY C DAY	DAY	r and Board policy, qualifie s subject to disciplinary ac	5-4-22	5/4/22	eturn it as directed
Floyd County Schools nd Attendance Certifi	Sch	A PROPERTY OF THE PROPERTY OF	Wednesday	DAY	C) Jav	ao Ao	DAY C 27	DAY	under the provision of law n that is not true, I may be	Date	Date	e form with care and reprisor.
Floyd County Schools Salaried Time and Attendance Certification/Affidavit		herd	Tuesday	DAY	C Dav	Jav J	5 C 19) 364 36	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.	Sheplang	Leanhiart	This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.
1	1717		Monday	DAY	NAW O	DAY 1/1) NAG 1 S 1 S 1 S 1 S) 254 7	DAY	est that the information I ated. I understand that if	Jewno (12)	Finda 6 d	ential for payroll purp by the F
Revised 5-4-33	Employee Number	Employee Name	Sunday	DAY	DAY	DAY	DAY	DAY	DAY	I hereby affirm and att	Employee Signature	Supervisor Signature	This affidavit is esse

REVI	SED 8/21/01			Travel Request Form Floyd County Schools							
Name	Anna Shepherd										
	Employee School/Location										
	Central Offi	ice, Superi	intendent/Ea	stern. KY							
				onference/Workshop, City & State							
	KVFC Board	of Directors I	Meeting/Hazar	d							
	DATE	TIME	Mooting/Hazar	TRAVEL LOCA	TIONS						
DEPARTURE	05/25/22	9:00am	FROM								
RETURN	05/25/22										
	INIS CODIN		DISCRIPTION								
ORG	ORG OBJECT PROJECT							- 1			
			TRAVEL]	ı			
	0585		SUBSISTE	NCE				- 1			
	0586		LODGING				1	l			
			OTHER				1	- 1			
		E		mployee Expenditure Reimburs	ement	f					
				, ,			ENTER MILES OR NUMBER OF DAYS	Amounts requested			
Mileage (@	2) \$ 0.49 per	r mile)		MILEAGE RATE(04-01-22 THRU 06-30-22)	\$	0.49		\$ -			
Bus/Airfar	'e			Amount Per Day	,						
Subsisten	CE (Overnight st	tay required)		Amount Per Day	,						
Lodaina (D	o not include direc	ct billing to BOE)	Amount Per Day							
	eous Reimb			Amount of Day							
				TOTAL ESTIMATED EXP	ENSES	то ве	REIMBURSED	\$ -			
			Stater	nent of Rationale for Attendanc	е						
Signature of Applicant 5-13-22 Date								<u>5-13</u> -22 Date			
			*		_						
	f Superintend						,	Date			
(B) LUNCH A (C) DINNER A (D) Save rece	UTHORIZED TI AUTHORIZED T	RAVEL 11:00 FRAVEL 5:00 parking, fees	A.M. THROUG P.M. THROUGI , etc over \$2.00	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for			Floyd Counts	Salar			

(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											
Ivaille	Employee School/Location											
Central Office, Superintendent/Eastern, KY Conference/Workshop, City & State												
			immit/Western Hills High School, Frankfort, KY									
	DATE	IONS										
DEPARTURE	22-00/00/des	TIME 4:00pm										
RETURN		7:00pm										
MU	INIS CODIN		то Frankfort, KY									
ORG	OBJECT	PROJECT	DISCRIPTION	ISCRIPTION								
0011075	0580		TRAVEL									
	0585		1									
	0586											
			LODGING OTHER		1							
		F	stimated Employee Expenditure Reimburse	ment								
		_	oumated Employee Experiancie Neimbarse	mem	ENTER MILES OR NUMBER OF DAYS	Amounts requested						
Mileage (@	\$ 0.49 per	mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49		\$ -						
Bus/Airfar	е	~	Amount Per Day			•						
Subsisten	CE (Overnight sta	ay required)	Amount Per Day			\$ 54.00						
	o not include direc					Ψ 54.00						
V=0, 0=00	ous Reimb		,									
			TOTAL ESTIMATED EXPE	NSES TO BE	REIMBURSED	\$ 54.00						
			Statement of Rationale for Attendance	<u> </u>								
Signature of	Ma () Applicant	J. S.			5-13-22 Date							
						I						
Signature of	Superintende	ent/Designe			Date							
(B) LUNCH AI (C) DINNER AI (D) Save rece attachment (E) Expense in	ST AUTHORIZED TR UTHORIZED TO UTHORIZED TO ipts for tolls, p nt of expense re eimbursement ter travel has b	RAVEL 11:00 RAVEL 5:00 arking, fees, eimburseme forms must		Gradie de Bose	THE LITTLE STATE OF THE LI							

REVI	SED 8/21/01			Travel Request Form Floyd County Schools							
Name											
	Employee School/Location										
	Central Offi	ice, Superi	intendent/Ea	stern, KY							
				onference/Workshop, City & State							
	SOAR Summ	it/First Feder	ral Center, Haz	ard, KY							
	DATE	TIME	s								
DEPARTURE	06/23/22	7:00am	FROM	Staffordsville, KY							
RETURN	06/24/22	5:00pm	то	Hazard, KY							
	INIS CODIN						1				
ORG	OBJECT	PROJECT	DISCRIPTION				1				
0011075	0580		TRAVEL				1				
	0585		SUBSISTE	NCE]				
	0586		LODGING				1				
			OTHER				1				
		E		mployee Expenditure Reimbur	sem	ent					
				,			ENTER MILES OR NUMBER OF DAYS	Amounts requested			
Mileage (@	2) \$ 0.49 per	r mile)		MILEAGE RATE(04-01-22 THRU 06-30-2	\$	0.49		\$ -			
Bus/Airfar	e			Amount Per D							
Subsisten	Ce (Overnight st	ay required)		Amount Per D	\vdash						
	o not include direc)		`						
	eous Reimb			Amount Per D	у <u></u>						
				TOTAL ESTIMATED EXI	ENS	ES TO BE	REIMBURSED	\$ -			
							T.E.III.BOTTOLD	<u> </u>			
			Stater	nent of Rationale for Attendan	се						
Auna W. Shokherd 51322											
Signature of	Applicant		0					Date			
Signature of Superintendent/Designee								Date			
(B) LUNCH A (C) DINNER A (D) Save rece	UTHORIZED TE LUTHORIZED T ipts for tolls, p nt of expense r	RAVEL 11:00 RAVEL 5:00 parking, fees, reimburseme	A.M. THROUG P.M. THROUGI etc over \$2.00 nt form.	DUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for			Floyd Counts Signood	O TOP TO SERVICE SERVI			

45 days after travel has been completed.