Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in AUGUST 2022 & Travel for October 2022

Presented to the Floyd County Board of Education, meeting in Regular session September 26, 2022

Floyd County Schools
Salaried Time and Attendance Certification/Affidavit

Employee Number 12717

Employee Name Anna Shepherd

School/Location Central office

Month/Year August 2022

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 1 C	DAY 2 C	DAY 3 C	DAY 4 C	DAY 5 C	DAY
DAY	DAY 8 C	DAY 9 C	DAY 10 C	DAY 11 C	DAY 12 C	DAY
DAY	DAY 15 C	DAY 16 C	DAY 17 C	DAY 18 C	DAY 19 C	DAY
DAY	DAY 22 C	DAY 23 C	DAY 24 C	DAY 25 C	DAY 26 C	DAY
DAY	DAY 29 C	DAY 30 C	DAY 31 NC	DAY	DAY	DAY
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 9-1-22

Supervisor Signature _____ Date _____

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

	THIS Period	TOTAL YTD
Total Contract Days	22	37
Total Holidays		1
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days	22	38
Total Non-Contract	1	

REVISED 8/21/01

Travel Request Form
Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Central Office/Eastern KY

Conference/Workshop, City & State

KVEC Board of Directos Meeting/Hazard, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	10/26/22		FROM	Eastern
RETURN	10/26/22		TO	Hazard

***MUNIS* CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

			ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ $ 0.53 per mile)	MILEAGE RATE(07-01-22 THRU 09-30-22)	$ 0.53		$ -
Bus/Airfare	Amount Per Day			
Subsistence (Overnight stay required)	Amount Per Day			
Lodging (Do not include direct billing to BOE)	Amount Per Day			
Miscellaneous Reimbursable Expenses				
	TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			$ -

Statement of Rationale for Attendance

Anna W. Shepherd — 9-12-22

Signature of Applicant — **Date**

Signature of Superintendent/Designee — **Date**

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

REVISED 8/21/01

Travel Request Form
Floyd County Schools

Name	Anna Shepherd	SSN#

Employee School/Location

Central Office/Eastern KY

Conference/Workshop, City & State

2022 KSBA Regional KY South Meeting/Paintsville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	10/18/22		FROM	Staffordsville
RETURN	10/18/22		TO	Paintsville

***MUNIS* CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

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