



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 _____

Employee Name Anna Shepherd

Month/Year Sept. 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY 1	DAY 2	DAY
DAY	H 5	C 6	C 7	C 8	C 9	DAY
DAY	C 12	C 13	C 14	C 15	C 16	DAY
DAY	C 19	C 20	C 21	C 22	C 23	DAY 24
DAY	C 26	C 27	C 28	C 29	C 30	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

9-30-22

Supervisor Signature _____

Date _____

Total Contract Days
 Total Holidays
 Total PD Days
 Total Sick Days
 Total Personal Days
 Total Emergency

THIS Period	TOTAL YTD
21	58
1	2

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

Total Paid Days
 Total Non-Contract

22
 60

Travel Request Form Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Superintendent/Central Office

Conference/Workshop, City & State

2022 SOAR Summit/Pikeville, KY

DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE 11/28/22		FROM	Staffordsville
RETURN 11/29/22		TO	Pikeville

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

	MILEAGE RATE(10-01-22 THRU 13-31-22)	ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.46 per mile)	\$ 0.46		\$ -
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

FCHS and DACE our family friendly schools will be recognized at the capitol.

Signature of Applicant Anna Shepherd

Date 10-14-22

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

Superintendent/Central Office

Conference/Workshop, City & State

HOLD:L3 Exhibition for KUWL/Frankfort, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	11/28/22	5:00pm	FROM	Staffordsville
RETURN	11/29/22	5:00pm	TO	Frankfort

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 (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-22 THRU 13-31-22)	\$ 0.46	280
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			\$ 128.80

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Signature of Applicant

10-14-22
Date

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Employee School/Location

Superintendent/Central Office

Conference/Workshop, City & State

Family Friendly Schools/Frankfort, KY

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