Floyd County Schools Salaried Time and Attendance Certification/Affidavit School/Location							
Employee Number Employee Name	t. 2022	E= Emergency H= Holiday SC= School Closed PD= Professional JD= Jury Duty					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
DAY	DAY	DAY	. DAY	DĄY	DAY	DA	ίΥ
DAY	H DAY	DAY	. C DAY	C DAY	DAY	DA	lΥ
DAY	C DAY	DAY 13	DAY	DAY 15	C JAY	DA	(Y
. DAY	CDAY		C DAY	24 <u>2</u>	DAY 23	DA 2	<u>y</u>
DAY	DAY	DAY	C DAY	DAY	C DAY	DA	4Y ·
DAY	DAY	DAY	DAY	DAY	DAY	DA	1Y
I hereby affirm and att	est that the information I i ated. I understand that if I	nave provided is true and, have provided informatio	under the provision of lav n that is not true. I may b	v and Board policy, qualifi e subject to disciplinary a	es me to take the leave	THIS Period TOTAL	LYTE
Employee Signature	1	Shephord	Date	×2 2 4 4 4	Total Contract Days Total Holidays Total PD Days Total Sick Days		<u>7</u> 2
	Supervisor Signature Date Total Personal Days Total Emergency						
This affidavit is esse	Total Paid Days  Total Non-Contract		<u>D</u>				

REVI	ISED 8/21/01			Travel Request Form Floyd County Schools			
				Hoya County Schools	/.*x		
Name	Anna Shepherd						
				Employee School/Location			
	Superintend	dent/Centr	al Office				
			С	onference/Workshop, City & State			
	2022 SOAR S	Summit/Pikev	ville, KY				
	DATE	TIME		TRAVEL LOCA	TIONS		
DEPARTURE	11/28/22		FROM	Staffordsville			
RETURN	11/29/22 INIS CODIN	IC	то	Pikeville			
ORG	OBJECT		DISCRIPTION			1	
0011075	0580	INOULOI	TRAVEL			1	- 1
0011075				NOT.		1	
	0585		SUBSISTE	NCE		1	
	0586		LODGING			1	
			OTHER				
		E	stimated E	mployee Expenditure Reimburs	sement		
						OR NUMBER OF	Amounts
Mileage (@	② \$ 0.46 per	r mile)				DAYS	requested
1000	-	mile)		MILEAGE RATE(10-01-22 THRU 13-31-22)			\$ -
Bus/Airfar				Amount Per Day	<u> </u>		
	Ce (Overnight sta			Amount Per Day	<b>/</b>		
	o not include direc			Amount Per Day	/		
wiscellane	eous Reimb	oursable E	xpenses	TOTAL FORMATED EVO	-NOFO TO DE		
				TOTAL ESTIMATED EXP	ENSES TO BE	REIMBURSED	\$ -
			Stater	nent of Rationale for Attendanc	е		
FCHS and	DACE our f	family frien	dly schools	will be recognized at the capitol.			
			•	•			
_			. /	1			
Amal. Shepherd					9	10-14-27	
Signature of Applicant					Date		
Signature of	f Superintend	ont/Dociano			-		- Doto
Olymature of	Superintend	envoesigne	-				Date
(B) LUNCH A	UTHORIZED TE	RAVEL 11:00	A.M. THROUG	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00		Addres A Box	San Angel
(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						a separation	3
	nt of expense r reimbursement			for payment no later than		TRAS AND AND	ore little
(E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.							N Son

Travel Request Form Floyd County Schools									
Name	Anna Shepl	herd			15	*			
Employee School/Location									
	Superintend	dent/Centr	al Office						
				onference/Workshop, City & State					
	HOLD:L3 Exh	ibition for Kl	JWL/Frankfort,	KY					
	DATE	TIME		TRAVEL LOCA	TIONS				
DEPARTURE	11/28/22 11/29/22	5:00pm 5:00pm	FROM TO	Staffordsville Frankfort					
RETURN M L	INIS CODIN		10	Frankioit					
ORG	OBJECT		DISCRIPTION						
0011075	0580		TRAVEL						
	0585		SUBSISTE	NCE					
	0586		LODGING						
			OTHER						
		E		mployee Expenditure Reimburs	ement	y.			
							ENTER MILES OR NUMBER OF DAYS		ounts uested
Mileage (@	2) \$ 0.46 per	mile)		MILEAGE RATE(10-01-22 THRU 13-31-22)	\$	0.46	280	\$	128.80
Bus/Airfai	e			Amount Per Day					
Subsisten	Ce (Overnight sta	ay required)		Amount Per Day					
	o not include direc			Amount Per Day					
Miscellaneous Reimbursable Expenses									
				TOTAL ESTIMATED EXP	ENSES	го ве	REIMBURSED	\$	128.80
			Stater	nent of Rationale for Attendanc	е				
FCHS and	DACE our f	amily frien	dly schools	will be recognized at the capitol.					
			-						
Signature of Applicant						/		イー	
Signature of Superintendent/Designee						į		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. THROUG , 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 County Spinor	OF RO	A THUMB

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

REV	ISED 8/21/01		Travel Request Form Floyd County Schools						
				*					
Name	Anna Shepherd								
	Cuparintan	dont/Contr	Employee School/Location						
	Superintend	deni/Centr	Conference/Workshop, City & State						
	Family Friend	lu Cabaala/E							
	Family Friend	TIME	TRAVEL LOCATIONS						
DEPARTURE		5:00pm	FROM Staffordsville						
RETURN		5:00pm	то Frankfort						
	INIS CODIN								
ORG	OBJECT	PROJECT	DISCRIPTION						
0011075	0580		TRAVEL		1				
	0585		SUBSISTENCE	UBSISTENCE					
	0586		LODGING						
			OTHER						
			stimated Employee Expenditure Reimbursement	ENTER MILES OR NUMBER OF DAYS	Amounts requested				
Mileage (	@ \$ 0.46 per	r mile)	MILEAGE RATE(10-01-22 THRU 13-31-22) \$	0.46 280	\$ 128.80				
Bus/Airfa	re		Amount Per Day						
Subsisten	ICE (Overnight sta	ay required)	Amount Per Day						
	o not include direc								
Miscellan	eous Reimb	oursable E	•						
			TOTAL ESTIMATED EXPENSES T	O BE REIMBURSED	\$ 128.80				
					1				
			Statement of Rationale for Attendance						
FCHS and	DACE our f	family frien	dly schools will be recognized at the capitol.						
			,						
	_								
Au	na U	υ, S	hephad		10-14-22				
Signature of Applicant Date									
Signature o	f Superintend	ent/Designe	ee		Date				
(B) LUNCH A (C) DINNER A (D) Save rece attachme (E) Expense	UTHORIZED TE AUTHORIZED T eipts for tolls, p int of expense r	RAVEL 11:00 RAVEL 5:00 parking, fees, reimburseme t forms must	be submitted for payment no later than	Floy All As	A THE STATE OF THE				