

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
October 2022 &
Travel for November 2022***

***Presented to the Floyd County Board of Education,
meeting in Regular session
October 24, 2022***



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 Central Office

Employee Name Anna Shepherd

Month/Year Oct. 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY 2	C	C	C	NC	NC	DAY 8
DAY 9	C	C	C	C	C	DAY 15
DAY 16	C	C	C	C	C	DAY 22
DAY 23	C	C	C	C	C	DAY 29
DAY 30	C	C	C	C	C	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

10-31-22

Supervisor Signature

Date

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

THIS Period	TOTAL YTD
19	27
	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

19	79
2	8

Travel Request Form

Floyd County Schools

Name Anna W. Shepherd SSN#

Employee School/Location

Superintendent-Central Office/Eastern, KY

Conference/Workshop, City & State

KEDC Board of Directors & KASS Cohort 9 & 10 Superintendents Academy

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	11/17/22	12:00pm	FROM	Staffordsville
RETURN	11/18/22	4:00pm	TO	Lexington

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	222 \$ 102.12
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 36.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 138.12

Statement of Rationale for Attendance

Signature of Applicant Anna W. Shepherd

Date 11/15/22

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.

