Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in December 2022 & Travel for February 2023

Presented to the Floyd County Board of Education, meeting in Regular session January 23, 2023

	Floyd County Schools Salaried Time and Attendance Certification/Affidavit							
Employee Number	P= Personal S= Sick E= Emergency H= Holiday							
Employee Number		and	Sch	SC= School Class PD= Professions JD= Jury Duty				
	Anna Sheph	Tuesday	Wednesday	Month/Year <u>er</u>	Friday		rday	
Sunday	Monday DAY	Tuesday DAY	- Vednesday DAY	DAY	والمرابع والم والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمراب		DAY	
DAY	DAY	[PMI]			DAY	1	<u> </u>	
1				C	NC			
DAY	DAY	DAY 6	DAY 7	DAY 8	DAY 9		DAY	
<u> </u>	NC 15	NC Le	. No	Ne L	No -			
DAY	DAY	DAY 13	DAY	DAY 15	DAY 16		DAY	
	NC LI							
. DAY	DAY	DAY 20	DAY 2.1	23	PAY 29		DAY	
<u> </u>	C - / 1	C, 1		C	<u> </u>			
DAY	DAY DAY	DAY 21	DAY 28	DAY 29	DAY 30		DAY.	
<u> </u>	H	() ·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 74 -			
DAY	DAY	. DAY	DAY	DAY	DAY		DAY	
<u> </u>		<u> </u>	<u> </u>					
I hereby affirm and atte	est that the information I have ated. I understand that If I I	ave provided is true and, i have provided information	under the provision of lav n that is not true. I may h	v and Board policy, qualif e subject to disciplinary a	les me to take the leave ction.	THIS Period	TOTAL YTD	
	,	Total Contract Days		1/2				
Employee Signature	Duna W.	Total Holidays Total PD Days		5_				
,		Total Sick Days	s					
Supervisor Signature		Total Personal Days	5					
•	ential for payroll purpo	return it as directed	Total Emergency Total Paid Days		118			
ınıs ajjiaavit is esse	ential for payroll purpo by the Pr	Total Non-Contract	15					

Travel Request Form Floyd County Schools												
				loyd County Schools			*		-			
Name	Anna Shepherf											
Employee School/Location												
	Central Offi	ce, Superi	ntendent/Ea	stern, KY								
			Co	nference/Workshop, City & Stat	e							
	KASA Chief A	cademic Off	icer Summitt									
	DATE	TIME		TRAVEL	LOCAT	IONS						
DEPARTURE	02/08/23	4:00pm	FROM									
RETURN	02/09/23 INIS CODIN	7:00pm	то	Louisville								
ORG	OBJECT		DISCRIPTION					ľ				
0011075	0580	TROOLOT	TRAVEL									
0011073	0585			ICE								
			SUBSISTE	NCE								
	0586		LODGING									
			OTHER		_							
Estimated Employee Expenditure Reimbursement							ENTER MILES OR NUMBER OF DAYS		nounts			
Mileage (@	2) \$ 0.44 per	mile)		MILEAGE RATE(01-01-23 THRU 03-	31-23)	\$	0.44	380	\$	167.20		
Bus/Airfar	е			Amount P	er Day							
Subsisten	Ce (Overnight sta	ay required)		Amount P	er Day				\$	54.00		
Lodging (D	o not include direc	t billing to BOE		Amount P	er Day							
Miscellane	ous Reimb	ursable E	xpenses									
				TOTAL ESTIMATED	EXPE	NSES T	го ве	REIMBURSED	\$	221.20		
			Statem	ent of Rationale for Attend	lanco							
			Otaten	ent of Nationale for Attent	ance							
Signature of Applicant						1 <u>-10-23</u> 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.						Floyd County States All About Elifs						

REV	ISED 8/21/01			Travel Request Form Floyd County Schools							
Name											
				Employee School/Location							
	Central Offi	ce, Superi	intendent/Ea								
			Co	onference/Workshop, City & St	ate						
	2023 KSBA A	nnual Confe	rence & KASA	Cohort							
	DATE	TIME			EL LOCAT	IONS					
DEPARTURE RETURN	02/23/23 02/26/2 3	4:00pm	FROM TO	Staffordsville							
_ 0.00-0.00-0.00-0	INIS CODIN		10	Louisville							
ORG	OBJECT	PROJECT	DISCRIPTION								
0011075	0580		TRAVEL								
	0585		SUBSISTE	NCE							
	0586		LODGING								
			OTHER								
		E		mployee Expenditure Reir	mburse	ement	!				
					_			ENTER MILES OR NUMBER OF DAYS	OR NUMBER OF		
Mileage (@	(2) \$ 0.44 per	mile)		MILEAGE RATE(01-01-23 THRU 0	03-31-23)	\$	0.44	380	\$	167.20	
Bus/Airfar	e			Amount	t Per Day						
Subsisten	Ce (Overnight sta	ay required)		Amount	t Per Day				\$	98.00	
Lodging (D	o not include direc	t billing to BOE))	Amoun	t Per Day						
Miscellaneous Reimbursable Expenses											
TOTAL ESTIMATED EXPENSES TO BE							REIMBURSED	\$	265.20		
			Staten	nent of Rationale for Atter	ndance						
									_		
Signature of Applicant								Date			
Signature of Superintendent/Designee					9		Date				
(A) BREAKFA	ST AUTHORIZ	ED TRAVEL	6:30 A.M. THRC	OUGH 9:00 A.M\$8.00							
(B) LUNCH A	(B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M\$10.00							2			
	(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							THE STATE OF THE S			
attachmer	nt of expense r	eimburseme	nt form.					1. V		34)	
E) Expense reimbursement forms must be submitted for payment no later than											

45 days after travel has been completed.