

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
January 2023 &
Travel for February & March 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
February 27, 2023***



Floyd County Schools

Salaried Time and Attendance Certification/Affidavit

Employee Number 12777

School/Location C.O.

Employee Name Anna Shepherd

Month/Year Jan. 2023

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	THIS Period	TOTAL YTD
DAY	DAY 2 C	DAY 3 C	DAY 4 C	DAY 5 C	DAY 6 C	DAY MURKIN'S + BROAD PROPERTY	23	135
DAY	DAY 9 C	DAY 10 C	DAY 11 C	DAY 12 C	DAY 13 C	DAY 14 C Required Sick Leave Substituted		5
DAY	DAY 16 C	DAY 17 C	DAY 18 C	DAY 19 C	DAY 20 C	DAY 21 C High School CAMPUS STUDENT		
DAY	DAY 23 C	DAY 24 C	DAY 25 C	DAY 26 C	DAY 27 C	DAY		
DAY	DAY 30 C	DAY 31 C	DAY	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 <u>Anna W. Shepherd</u> Date <u>2-6-23</u>							Total Contract Days	23
Supervisor Signature _____ Date _____							Total Holidays	5
							Total PD Days	
							Total Sick Days	
							Total Personal Days	
							Total Emergency	
							Total Paid Days	23
							Total Non-Contract	15

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

Travel Request Form Floyd County Schools

Name: Anna Shepherd

SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

KVEC nivation: Kentucky Innovation Initiatives/United We Learn/Hazard, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/22/23	8:00am	FROM	Eastern
RETURN	02/22/23	4:00pm	TO	Eastern

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRIPTION
			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.44 per mile)

MILEAGE RATE(01-01-23 THRU 03-31-23)

	ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage	\$ 0.44	\$ -
Bus/Airfare	Amount Per Day	
Subsistence	Amount Per Day	
Lodging	Amount Per Day	
Miscellaneous Reimbursable Expenses		
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED		\$ -

Statement of Rationale for Attendance

Signature of Applicant: *Anna W. Shepherd*

Date: *2-16-23*

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#
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Employee School/Location

Superintendent Central Office/Eastern KY

Conference/Workshop, City & State

KASA Education Law & Finance/State Academics

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/16/23	12:00pm	FROM	Staffordsville
RETURN	03/20/23	7:00pm	TO	Lexington-Louisville

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 (@ \$ 0.44 per mile)	MILEAGE RATE(01-01-23 THRU 03-31-23)	\$ 0.44	380 \$ 167.20
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 172.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 339.20

Statement of Rationale for Attendance

<p style="font-size: 24px; font-family: cursive;">Anna W. Shepherd</p>	<p style="font-size: 24px; font-family: cursive;">2-10-23</p>
Signature of Applicant	Date

Signature of Superintendent/Designee	Date

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