

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
March 2023 &
Travel for May 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
April 24, 2023***



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 C.O.

Employee Name Anna W. Shepherd

Month/Year March 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY 1	DAY 2	DAY 3	DAY 4
			C	C	C	Regional Academics C
DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
	C	C	C	C	C	
DAY 12	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18
	C	NC	C	C	C	State Academics C
DAY 19	DAY 20	DAY 21	DAY 22	DAY 23	DAY 24	DAY 25
State Academics C	C	C	C	C	C	
DAY 26	DAY 27	DAY 28	DAY 29	DAY 30	DAY 31	DAY
	C	C	C	C	C	
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.

	THIS Period	TOTAL YTD
Total Contract Days	25	183
Total Holidays		5
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		1
Total Paid Days		189
Total Non-Contract	1	15

Employee Signature Anna W. Shepherd Date 3-31-23

Supervisor Signature _____ Date _____

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 W. Shepeherd

SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

KVEC Board Meeting and State STLP

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	04/18/23	6:00pm	FROM	Staffordsville
RETURN	04/19/23	9:00pm	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 (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-23 THRU 06-30-23)	\$ 0.45	222 \$ 99.90
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			\$ 135.90

Statement of Rationale for Attendance

Anna W. Shepherd _____ 4-17-23
 Signature of Applicant Date

Linda C. Hearheart _____ _____
 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.

