

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
April 2023 &
Travel for June 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
May 22, 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 Shepherd

Month/Year April 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY 1
DAY	C 3	C 4	C 5	C 6	C 7	DAY
DAY	NC 10	NC 11	NC 12	NC 13	NC 14	DAY
DAY	C 17	C 18	C 19	C 20	C 21	DAY
DAY	C 24	C 25	C 26	C 27	C 28	DAY
DAY 30	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 Anna W. Shepherd Date 5-2-23

Supervisor Signature _____ Date _____

	THIS Period	TOTAL YTD
Total Contract Days	15	198
Total Holidays		5
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		1
Total Paid Days		204
Total Non-Contract	5	21

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. Shepherd SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

Dr. Todd Whitaker What Great Teachers Do Differently/Johnson Central High School

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	06/12/23		FROM	Eastern
RETURN	06/12/23		TO	Paintsville

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ORG	OBJECT	PROJECT	DISCRIPTION
			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	\$ -
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ -

Statement of Rationale for Attendance

Anna W. Shepherd

Signature of Applicant 5-5-23
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.

