

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
October 2023 &
Travel for November & December 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
November 27, 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 CO

Employee Name Anna Shepherd

Month/Year October 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY 2 C	DAY 3 C	DAY 4 C	DAY 5 NC	DAY 6 NC	DAY
DAY	DAY 9 NC	DAY 10 C	DAY 11 C	DAY 12 C	DAY 13 C	DAY
DAY	DAY 16 C	DAY 17 C	DAY 18 C	DAY 19 C	DAY 20 C	DAY
DAY	DAY 23 C	DAY 24 C	DAY 25 C	DAY 26 C	DAY 27 C	DAY 28 C EKAC middle school
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.

THIS Period TOTAL YTD

Employee Signature Anna W. Shepherd Date 10-24-23

Supervisor Signature _____ Date _____

Total Contract Days	19	79
Total Holidays		2
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days		81
Total Non-Contract	3	7

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

Family Friendly Schools/Frankfort, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	11/12/23	5:00pm	FROM	Staffordsville
RETURN	11/13/23	6:00pm	TO	Frankfort

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(10-01-23 THRU 12-31-23)	\$ 0.46	280 \$ 128.80
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 54.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 182.80

Statement of Rationale for Attendance

Signature of Applicant: Anna W. Shepherd Date: 11-7-23

Signature of Superintendent/Designee: Linda B. Hearheart 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#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

School Improvement Planning and Performance Excellence Summit, Lexington Central Bank

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	11/27/23	6:00pm	FROM	Staffordville
RETURN	11/29/23	6:00pm	TO	Lexington

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

	MILEAGE RATE(10-01-23 THRU 12-31-23)	ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.46 per mile)	\$ 0.46	111	\$ 51.06
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 90.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 141.06

Statement of Rationale for Attendance

Anna W. Shepherd

 Signature of Applicant

Linda P. Hearheart

 Signature of Superintendent/Designee

11-6-23

 Date

 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
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