

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
November 2023 &
Travel for December 2023 (Retroactive)
& January 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
December 18, 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 Nov, 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY 1	DAY 2	DAY 3	DAY 4
			C	C	C	Academics C
DAY	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY
	C	C	C	C	C	
DAY	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY
	C	C	C	C	NC	
DAY	DAY 20	DAY 21	DAY 22	DAY 23	DAY 24	DAY
	NC	NC	NC	H	C	
DAY	DAY 27	DAY 28	DAY 29	DAY 30	DAY	DAY
	E	C	C	E		
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 12-3-23

Supervisor Signature _____

Date _____

Total Contract Days	16	95
Total Holidays	1	3
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency	2	2
Total Paid Days		100
Total Non-Contract	4	11

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: Inaugural Parade with FCHS Band/Frankfort, KY

		TRAVEL LOCATIONS	
DEPARTURE	DATE	TIME	FROM
	12/11/23	5:00pm	Stafordsville
RETURN	12/12/23	6:00pm	8:00 Frankfort

MUNIS CODING			
ORG	OBJECT	PROJECT	DISCRIPTION
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	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: 12-6-23

Signature of Superintendent/Designee: Anna W. Shepherd 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/Louisville, KY

Conference/Workshop, City & State

Kentucky Women in Education Leadership/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	01/23/24	10:00am	FROM	Staffordsville
RETURN	01/25/24	7:00pm	TO	Louisville

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRIPTION
001175	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	380 \$ 174.80
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			\$ 264.80

Statement of Rationale for Attendance

Anna W. Shepherd 12-6-23
 Signature of Applicant Date

 Signature of Superintendent/Designee Date

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