

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
March 2024 &
Travel for May 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
April 22, 2024***



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 Mar. 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
					C	KSBA C
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	NC	C	C	C	State Academics KAAC C
DAY	DAY	DAY	DAY	DAY	DAY	DAY
State Academics KAAC C	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	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

Employee Signature Anna W. Shepherd

Date 3-29-24

Supervisor Signature _____

Date _____

Total Contract Days	23	186
Total Holidays		5
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		2
Total Paid Days		193
Total Non-Contract	1	14

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# 12717

Employee School/Location
Central Office/Eastern, KY

Conference/Workshop, City & State
2024 Kentucky Association of School Business Officials/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/07/24	5:00pm	FROM	Staffordsville
RETURN	05/09/24	6:00pm	TO	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 (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-24 THRU 06-30-24)	\$ 0.45	380 \$ 171.00
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			\$ 225.00

Statement of Rationale for Attendance

Anna W. Shepherd 4-11-23
 Signature of Applicant 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.

