

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
May 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
June 24, 2024***



Floyd County Schools

Salaried Time and Attendance Certification/Affidavit

Employee Number 12717

School/Location Central Office

Employee Name Anna Shepherd

Month/Year May 2024

C= Contract
 NC= Non Contract
 P= Personal
 S= Sick
 E= Emergency
 H= Holiday
 SC= School Closed
 PD= Professional
 JD= Jury Duty

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
DAY	C	C	C	C	C	C
DAY	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18
DAY	C	C	C	C	C	C
DAY 19	DAY 20	DAY 21	DAY 22	DAY 23	DAY 24	DAY
DAY	C	NC	NC	C	C	DAY
DAY	DAY 27	DAY 28	DAY 29	DAY 30	DAY 31	DAY
DAY	H	NC	C	C	NC	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.

Employee Signature <u>Anna W Shepherd</u>	Date <u>5-31-24</u>	Total Contract Days	19	THIS Period	19	TOTAL YTD	225
Supervisor Signature _____	Date _____	Total Holidays	1		1		6
		Total PD Days					
		Total Sick Days					
		Total Personal Days					
		Total Emergency					2
		Total Paid Days					233
		Total Non-Contract					28

This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.