

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
June 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
July 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 Central Office

Employee Name Anna Shepherd

Month/Year June 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY <i>CC event BLHS Grad. C</i>
DAY <u>2</u>	C	DAY <u>3</u>	C	DAY <u>4</u>	C	DAY <u>5</u>
DAY	C	DAY <u>10</u>	C	DAY <u>11</u>	DAY	DAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY	DAY	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.

Employee Signature Anna Shepherd Date 6-11-24

Supervisor Signature _____ Date _____

	THIS Period	TOTAL YTD
Total Contract Days	<u>8</u>	<u>233</u>
Total Holidays		<u>6</u>
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		<u>2</u>
Total Paid Days		<u>241</u>
Total Non-Contract		<u>28</u>

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