

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
July 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
August 26, 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 July 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY
	C	C	C	H	P	
DAY	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY
	C	C	C	P	P	
DAY	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY
	C	C	C	C	C	
DAY	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY
	C	C	C	C	C	
DAY	DAY 29	DAY 30	DAY 31	DAY	DAY	DAY
	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.

Employee Signature Anna W. Shepherd Date 7-29-24

Supervisor Signature _____ Date _____

	THIS Period	TOTAL YTD
Total Contract Days	19	19
Total Holidays	1	1
Total PD Days		
Total Sick Days		
Total Personal Days	3	3
Total Emergency		
Total Paid Days		23
Total Non-Contract		

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



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Employee Number _____

School/Location _____

Employee Name LARRY B. HAMMOND

Month/Year JULY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	DAY 1 C	DAY 2 C	DAY 3 C	DAY 4 C	DAY 5 C	DAY
DAY	DAY 6 C	DAY 7 C	DAY 8 C/P	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 Larry B. Hammond Date 7/31/24

Supervisor Signature _____ Date _____

	THIS Period	TOTAL YTD
Total Contract Days	7.5	7.5
Total Holidays		
Total PD Days		
Total Sick Days		
Total Personal Days	.5	.5
Total Emergency		
Total Paid Days		
Total Non-Contract	8	8

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