

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
August 2024***

***Presented to the Floyd County Board of Education,
meeting in Regular session
September 23, 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 _____

School/Location DISTRICT

Employee Name LARRY HAMMOND

Month/Year AUGUST 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY 9 C	DAY 10 C	DAY
DAY	DAY 11 C	DAY 12 C	DAY 13 C	DAY 14 C	DAY 15 C	DAY
DAY 16 16	DAY 17 C	DAY 18 C	DAY 19 C	DAY 20 C	DAY 21 C	DAY
DAY 22 22	DAY 23 C	DAY 24 C	DAY 25 C	DAY 26 C	DAY 27 C	DAY
DAY	DAY 28 C	DAY 29 C	DAY 30 C	DAY 31 C	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.

THIS Period TOTAL YTD

Employee Signature Larry Hammond Date 8/30/24

Supervisor Signature _____ Date _____

Total Contract Days	<u>22</u>	<u>29.5</u>
Total Holidays		
Total PD Days		
Total Sick Days		
Total Personal Days	<u>0</u>	<u>.5</u>
Total Emergency		

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

Total Paid Days	<u>22</u>	<u>30</u>
Total Non-Contract		

LFC

Receipt

Ticket ID: -fc7745182f2b
Transaction ID: 40486560
Rate: Standard Rates
Device: Main St. Exit PIL
Entry Time: 09/04/2024 11:07 AM
Exit Time: 09/04/2024 04:44 PM
Parkins Time: 00d 05h:37m:11s

Parkins Fee: \$13.21
6% KY Parkins Tax 6.0% \$0.79
Total: \$14.00

Payment Method: Credit
VISA

Account #: 4326
Auth Code #: 03502D
Credit Card Amount: \$14.00

Sequence #: 000015692

-----EFTPOS-----

MERCHANT *****99711

04 Sep 24 16:45

VISA ICC CONTACT

AID A0000000031010

APP LABEL VISA CREDIT

CARD *****4326

PAN SEQ Number 02

RRN 000718417310

AUTHORIZATION 03502D

REFERENCE 023576

PURCHASE USD14.00

TOTAL USD14.00

APPROVED

NO CARDHOLDER VERIFICATION

SP+

LFC

Receipt

Ticket ID: 60df3fb67a48
Transaction ID: 40621235
Rate: Standard Rates
Device: Main St. Exit PIL
Entry Time: 09/05/2024 08:21 AM
Exit Time: 09/05/2024 09:59 AM
Parkings Time: 00d 01h:37m:15s

Parkings Fee: \$5.67
6% KY Parkings Tax 6.0% \$0.33
Total: \$6.00

Payment Method: Credit
VISA

Account #: 4326
Auth Code #: 06566D
Credit Card Amount: \$6.00

Sequence #: 000015825

-----EFTPOS-----

MERCHANT *****99711

05 Sep 24 09:59

VISA CONTACTLESS

AID A0000000031010

APP LABEL VISA CREDIT

CARD *****4326

PAN SEQ Number 02

RRN 000721648522

AUTHORIZATION 06566D

REFERENCE 023638

PURCHASE USD6.00

TOTAL USD6.00

APPROVED

NO CARDHOLDER VERIFICATION

SP+