

# ***Floyd County Schools***

## ***Superintendents Travel & Timesheet***

***For the Month Ending in  
September 2024***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
October 28, 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 SEPTEMBER 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY 31	DAY 32	DAY 33	DAY 34	DAY 35	DAY
	H	C	C	C	C	
DAY	DAY 36	DAY 37	DAY 38	DAY 39	DAY 40	DAY
	C	C	C	C	C	
DAY	DAY 41	DAY 42	DAY 43	DAY 44	DAY 45	DAY
	C	C	C	C	C	
DAY	DAY 46	DAY 47	DAY 48	DAY 49	DAY 50	DAY
	C	S	C	C	C	
DAY	DAY 51	DAY	DAY	DAY	DAY	DAY
	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 Larry Hammond      Date 9/30/24

Supervisor Signature \_\_\_\_\_      Date \_\_\_\_\_

Total Contract Days	<u>20</u>	<u>48.5</u>
Total Holidays	<u>1</u>	<u>1</u>
Total PD Days		
Total Sick Days	<u>1</u>	<u>1</u>
Total Personal Days		<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>21</u>	<u>51</u>
Total Non-Contract		