



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 OCTOBER 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY 52	DAY 53	DAY 54	DAY 55	DAY
	C	C	C	C	C	
DAY	DAY 56	DAY 57	DAY 58	DAY 59	DAY 59	DAY
	C	C	C	C	NC	
DAY	DAY 60	DAY 61	DAY 62	DAY 63	DAY 64	DAY
	C	C	S	C	C	
DAY	DAY 65	DAY 66	DAY 67	DAY 68	DAY 69	DAY
	S	C	C	C	C	
DAY	DAY 70	DAY 71	DAY 72	DAY 73	DAY	DAY
	C	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.

THIS Period TOTAL YTD

Employee Signature Larry B Hammond Date 10/31/24

Supervisor Signature _____ Date _____

Total Contract Days	20 68.5
Total Holidays	1
Total PD Days	0
Total Sick Days	2
Total Personal Days	.5
Total Emergency	0
Total Paid Days	22 22 73
Total Non-Contract	1

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