# Floyd County Schools

## Superintendents Travel & Timesheet

### For the Month Ending in November 2024

*Presented to the Floyd County Board of Education, meeting in Regular session December 16, 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 HAMMONDS Month/Year NOVEMBER 2024

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| DAY | DAY | DAY | DAY | DAY | DAY 74 C | DAY |
| DAY | DAY 75 C | DAY 76 H | DAY 77 C | DAY 78 C | DAY 79 C | DAY |
| DAY | DAY 80 C | DAY 81 C | DAY 82 C | DAY 83 C | DAY 84 C | DAY |
| DAY | DAY 85 C | DAY 86 C | DAY 87 C | DAY 88 C | DAY 89 C | DAY |
| DAY | DAY 90 C | DAY 91 C/S | DAY 92 S | DAY 93 H | DAY NC | 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 Larry B Hammonds Date 11/29/24

Supervisor Signature _____ Date _____

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

| | THIS Period | TOTAL YTD |
|---|---|---|
| Total Contract Days | 16.5 | 85 |
| Total Holidays | 2 | 3 |
| Total PD Days | | |
| Total Sick Days | 1.5 | 4.5 |
| Total Personal Days | | .5 |
| Total Emergency | | |
| Total Paid Days | 20 | 93 |
| Total Non-Contract | 1 | 2 |