



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 DECEMBER 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	C KSBA
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	NC	H	NC	NC	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	NC	NC				
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 12/31/24

Supervisor Signature _____ Date _____

Total Contract Days	<u>18</u>	<u>102</u>
Total Holidays	<u>1</u>	<u>4</u>
Total PD Days		
Total Sick Days		<u>4.5</u>
Total Personal Days		<u>.5</u>
Total Emergency		
Total Paid Days	<u>18</u>	<u>111</u>
Total Non-Contract	<u>5</u>	<u>15</u>

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