

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 1/25/17



Recognition: Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide

Date: 1/17/17

To: **John Rouse**
 Superintendent

From: John Salois
Title: High School Principal

Subject: **State Wrestling Tournament**

Description: I am requesting approval for Kari McKay to attend the State Wrestling Tournament in Billings, MT February 8 - 11, 2017.

Financial Impact: \$510.22

Funding Source (Budget/grant, etc.): Salaries, benefits, and payroll costs to be charged against budget for respective building/program/grant as applicable.

Attachment(s):

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____

BHS Wrestling 2016/2017 Schedule

Tuesday November 15, 2016 - Parent Meeting 5:30 pm

Thursday November 17, 2016 – 1st Day of Practice

Friday December 2, 2016 @ Havre 1:00 pm

Saturday December 3, 2016 @ Havre 9:00 am

Thursday December 8, 2016 Browning 6:00 pm

Friday December 9, 2016 @ Frenchtown 6:00 pm

Saturday December 10, 2016 @ Superior 9:00 am

Thursday December 15, 2016 Browning 6:00 pm

Friday December 16, 2016 @ CMR 12:00 pm

Saturday December 17, 2016 @ 9:00 am

Thursday December 22, 2016 Browning 10:00 am

Thursday January 5, 2017 @ Choteau 6:30 pm

Friday January 6, 2017 @ Cut Bank 12:00 pm

Saturday January 7, 2017 @ Cut Bank 9:00 am

Thursday January 12, 2017 @ Fairfield 5:30 pm

Saturday January 14, 2017 @ Missoula 9:00 am

Thursday January 19, 2017 Browning 6:00 pm

Friday January 20, 2017 Class A Duals @ Belgrade 12:00 pm

Saturday January 21, 2017 Class A Duals @ Belgrade 9:00 am

Thursday January 26, 2017 @ Cut Bank 6:00 pm

Friday January 27, 2017 @ Whitefish 1:00 pm

Friday February 3, 2017 Divisional @ Glendive

Saturday February 4, 2017 Divisional @ Glendive

Thursday February 9, 2017 State @ Billings Metra

Friday February 10, 2017 State @ Billings Metra

Saturday February 11, 2017 State @ Billings Metra

**BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request**

Employee Name Kari McKay
Building BROWNING HIGH SCHOOL

Employee # _____
Substitute Name na

LEAVE REPORT

| <u>Date of Leave</u> | <u>Hours</u> | <u>Type of Leave</u> |
|----------------------|--------------|----------------------|
| <u>2/9-11/17</u> | <u>9,8,7</u> | <u>SR</u> |
| _____ | _____ | _____ |

Employee Signature _____ Date _____

Approved; Condition upon the specific leave being available for the specific employee Not Approved

Principal/Supervisor _____ Date _____

TYPE OF LEAVE

| | | |
|--|------------------------------------|-------------------------------|
| AN Annual | PL Personal Leave | ALWO Approved Leave W/O Pay |
| SL Sick Leave | JD Jury Duty (attach verification) | ULWO Unapproved Leave w/o Pay |
| *EX/SR Extra-Curricular/School Related | NG National Guard | SWP Suspended w/Pay |
| | FN Funeral _____ | SWOP Suspended w/o Pay |

(Master Contract) Relationship)

***If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Name/Location**

TRAVEL REQUEST (If receiving payment for EX/SR leave please fill out entire form completely)

Conference/Workshop State Wrestling Tournament (Attach Brochure/Agenda)

Location Billings, MT.

Departure Date 2/8/17

Return Date 2/11/17

Departure Time 4:00 PM

Return Time 12:00 Midnight

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 692 @ .535 = \$370.22

Per Diem 3 Dy/1 Dr@ \$35/15 = \$120.00

| | |
|---|------------|
| <input type="checkbox"/> Registration PO# _____ | = - 0 - |
| <input checked="" type="checkbox"/> Hotel PO# _____ | = \$345.00 |
| <input type="checkbox"/> Other PO# _____ | = - 0 - |
| <input type="checkbox"/> Other PO# _____ | = - 0 - |

Sub Total \$835.22

Budget 226.60.150.2410.582.0000 (100%) \$490.22
(30%)

Check Total \$490.22

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____