Browning Public Schools

Board Agenda RequestMeeting To Be Held: 9/30/24



Recogni	tion: Students	Staff	Parents	
Information: Building Repor		Old Business	Superintendent's Report	
Action:	Resignations	☐ Hiring	Contract Service Agreement	
	Travel Out-of-State	Travel In State	Approvals	
	Termination	Legal Matters	Other:	
	This action request pertains	to Elementary (only)		
Date:	9/26/24			
To:	Rebecca Rappold	From: J	ennifer Wagner	
	Superintendent	Title: A	Asst. Superintendent	
Financia	al Impact: \$797.92			
Funding	g Source (Budget/grant, etc.):	126 / .90.160.2320.582	(75/25%)	
Attachm	nent(s): Schedule/Travel Requ	est		
Superin	tendent Action: Approve	d Denied Defer	rred Initial & date:	
Comme	nts:			
Board A	Action: N/A (Info)	Approved Do	enied Tabled to:	



Athletics for the week of: Sept. 16 - Sept 28

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Monday Sept. 16	4-6pm	Practice	
Tuesday, Sept. 17	4-6pm	Practice	
Wednesday, Sept. 18	4-6pm	Practice	
Thursday, Sept. 19	4-6pm	Practice	
Friday, Sept. 20	4-6pm	Practice	
Saturday, Sept. 21	10am	@ Hamilton Invitational	
Monday, Sept. 23	4-6pm	Practice	
Tuesday, Sept. 24	4-6pm	Practice	
Wednesday, Sept. 25	10am	Pep Rally	
Thursday, Sept. 26	Divisional	@ Anaconda/ Old Works GC	
Friday, Sept. 27	Divisional		
Saturday, Sept 28	Divisional	@ Anaconda/ Old Works GC	
Thursday, Oct 3	State @ Polson		
Friday, Oct 4	State @ Polson		
Saturday, Oct 5	State @ Polson		

BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

Building Administration	Substitute Name NA		
Dunuing Auministration	Substitute Ivan	K <u>NA</u>	
LEAVE REPORT			
Date of Leave	<u>Hours</u>	Type of Leave	
10/3, 10/4, & 10/5, 2024	16_	_SR	
Employee Signature	—— Date		
☐ Approved; Condition upon the specif			
Principal/Supervisor	Date		
TYPE OF LEAVE AN Annual SL Sick Leave *EX/SR Extra-Curricular/School Related	PL Personal Leave JD Jury Duty (attach verification) NG National Guard FN Funeral (Master Contract Relationship)	ALWO Approved Leave W/O Pay ULWO Unapproved Leave w/o Pay SWP Suspended w/Pay SWOP Suspended w/o Pay	
*If taking School Related/Extra-Curricular Le TRAVEL REQUEST (If receiving pay Conference/Workshop State Golf Tour Location Polson, MT	ment for EX/SR leave please fill	out entire form completely)	
Departure Date 10/3/24	Return Date 10/5/24		
Departure Time 7:00 am	Return Time 10:00 pm		
<u> </u>	*	- 276 67 6194.02	
Transportation: Personal Vehicle District Vehicle	_	e 276 x .67 =\$184.92	
☐ Professional Deve		em 3 days @ \$51 =\$153.00	
Trotessional Deve	<u> </u>	PO# = \$ 0	
		PO# =\$460.00	
	Other		
	Other		
	<u> </u>	Sub Total <u>\$797.02</u>	
Budget 126.90.160.2320.582 (100%)	\$253.44	Check Total \$337.92	
226.90.160.2320.582 (100%)	\$ 84.48		
Employee Signature	Date		
Principal/Supervisor	Date		
Superintendent Signature	Date		