

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 6/11/19



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- 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

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**Date:**    6/4/19

**To:**        **Board of Trustees**  
                  Browning Schools

**From:**    Corrina Guardipee-Hall  
**Title:**     Superintendent

**Subject:**   **In State Travel: Impact Aid Workshop**

**Description:** Request travel for School Board and Superintendent to attend the Impact Aid Workshop in Billings, Montana June 15 & 16, 2019.

**Financial Impact:** \$704.22 (superintendent travel budget/school board travel budget)

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

**Attachment(s):** Travel Request/Agenda

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**    N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

From: **Lynda Brannon** <[LyndaBrannon@outlook.com](mailto:LyndaBrannon@outlook.com)>  
Date: Mon, Jun 3, 2019 at 2:35 PM  
Subject: Impact Aid Annual Meeting

At the March 30 meeting of Impact Aid members in Bozeman, dates were set for our annual meeting.

Our meeting will be held July 15 and 16 in Billings at the Billings Hotel and Convention Center. There is a room block set aside so say you are coming for the Impact Aid meeting. We negotiated a \$99 group rate.

The phone number for the Hotel is: (406) 248-7151

The following is a brief agenda of what is planned.

### **July 15**

Impact Aid Workshop

- 10:00 - 12:00 Are you counting all your qualified students?  
Are you getting the maximum funds?
- 1:30 - 4:30 Calculating your Impact Aid - step by step

### **July 16**

- 9:00 - 11:00 Calculating your Impact Aid - step by step (continued)
- 11:00 - 1:00 Annual Membership meeting
  - Annual financial overview
  - Election of Officers
  - Annual Dues amount
  - Membership input

There is no charge for the workshop and is only available to current member districts. I will have a more complete and official looking agenda out within a few weeks. As always, if you have any questions or additions, please call or e-mail me anytime.

**Lynda Brannon, Executive Director**  
**Indian Impact Schools of Montana**

2396 Haystack Drive  
East Helena, MT 59635  
(406)431-0393 cell  
[lyndabrannon@outlook.com](mailto:lyndabrannon@outlook.com)

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

**Employee Name** Corrina Guardipee-Hall  
**Building** Administration

**Employee #**  
**Substitute Name** NA

**LEAVE REPORT**

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>6/15-6/16, 19</u>	<u>      </u>	<u>SR.</u>
<u>      </u>	<u>      </u>	<u>      </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** Impact Aid Workshop **(Attach Brochure/Agenda)**

**Location** Billings, Montana

**Departure Date** 6/14/19

**Return Date** 6/16/19

**Departure Time** 1:00 p.m..

**Return Time** 8:00 p.m.

**Transportation:**     Personal Vehicle  
 District Vehicle  
 Professional Development

**Mileage** 692.58. = \$ 401.36  
**Per Diem** 2 Days @ \$36 + \$15S = \$ 87.00

**Registration PO#** \_\_\_\_\_ = \$ 0.00  
 **Hotel PO#** 37096 = \$ 215.86  
 **Other PO#** Airfare = \$ 0.00  
 **Other PO#** Luggage = \$ 0.00

**To be reimbursed:** shuttle/taxi/parking

**Sub Total** \$ 704.22

**Budget** 126.90.160. .582 (75 %) \$ 366.27  
226.90.160. .582 (25 %) \$ 122.09

**Check Total** \$ 488.36

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal/Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_