

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 5/26/28



Recognition: ☐ Students ☐ Staff ☐ Parents
Information: ☐ Building Report ☐ Old Business ☐ Superintendent's Report
Action: ☐ Resignations ☐ 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: 10/8/26

To: Rebecca Rappold
Superintendent of Schools

From: Stephanie Holton
Title: Director of Special Services

Subject: In-State Travel: Special Olympics State Games Butte, MT SR Leave Only

Description: Requesting approval for Stephanie Holton to attend Special Olympics State Games in Butte, MT 11/12/26-11/14/26 -School Related Leave ONLY

Financial Impact: N/A

Funding Source (Budget/grant, etc.):

Attachment(s): N/A

Superintendent Action: ☐ Approved ☐ Denied ☐ Deferred Initial & date: _____

Comments: _____

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

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Stephanie Holton
Building Browning High School

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u> <u>11/12-14/26</u> _____	<u>Hours</u> <u>16 Hrs</u> _____	<u>Type of Leave</u> <u>SR</u> _____
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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 Agenda, Name, Location**

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

Conference/Workshop Special Olympics State Games (Attach Brochure/Agenda)

Location Butte, MT

Departure Date 11/12/26

Return Date 11/14/26

Departure Time 9:00 am

Return Time TBD

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage _____ **RT @ \$0.= \$0.00**

PerDiem @ \$ _____ = \$0.00

☒	Registration PO# _____	= \$
☒	Hotel PO# _____	= \$0.00
☒	Other PO# <u>Airfare</u>	= \$

Submit Receipts on return for Taxi/Shuttle/Parking/Luggage **Sub Total \$0.00**

Check Total \$

Budget
_____ (%) \$

Employee Signature _____ **Date** _____

Principal/Supervisor _____ **Date** _____

Superintendent Signature _____ **Date** _____



Special Olympics Montana State **BASKETBALL TOURNAMENT**



DATE

Nov 12 - 14 2026



TIME

All Day



CATEGORY

- > Athletes ●
- > Health ●
- > Law Enforcement Torch
Run ●
- > Sports ●
- > Unified Champion Schools
●
- > Volunteer ●