

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10/25/17



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: 10/17/2017

To: **Corrina Guardipee Hall**
 Superintendent

From: Emorie Davis Bird
Title: Human Resources Director

Subject: **Lane Change request for certified teacher Travis Miller**

Description: Emorie Davis Bird is recommending a horizontal lane change movement for 2017-18 for BHS Teacher, Travis Miller. Mr. Miller submitted appropriate documents to the Superintendent prior to the April 1, 2017 deadline as per the certified master contract and recently provided original transcripts indicating completion of a master degree from the University of Montana.

Financial Impact:	Now	Was
	\$45,588.00	\$39,932.00

Funding Source (Budget/grant, etc.): 201.60.150.1700.112

Attachment(s): Contract Modification

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

Comments: _____

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

Browning Public Schools
SCHOOL DISTRICT NO. 9



MODIFICATION

EMPLOYMENT CONTRACT (2017-2018)
(Salary)

THIS MODIFICATION is incorporated by this reference into that certain Employment Contract dated March 8th 2017, between **Travis Miller** ("Employee") and the Board of Trustees, Glacier County School District No. 9, Browning, Montana ("School District").

The Employee's salary is incremented as follows:

	Salary	
Now	\$45,588.00	MA/3
Was	\$39,932.00	BA/3

All other terms, conditions, and provisions of the 2017-2018 Employment Contract remain unchanged.

IN WITNESS WHEREOF, the parties hereto cause this agreement to be duly signed in original and copy this 25th of October 2017.

EMPLOYEE

SCHOOL DISTRICT NO. 9

By: _____

By: _____

Chair, Board of Trustees

SSN: _____

ATTEST:

By: _____

District Clerk
P. O. Box 610
129 First Avenue S. E.
Browning, MT 59417
Tel: 406-338-2715/FAX: 406-338-3200