

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 10/13/20



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: 8/28/20

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

From: Corrina Guardipee-Hall
Title: Superintendent

Subject: **In State Travel - Bozeman**

Description: Request approval for Everett Armstrong and Corrina Guardipee-Hall to attend Volleyball State in Bozeman, MT., 11/11/20 - 11/14/20

Financial Impact: \$ 633.53 ea

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

Attachment(s): Conference Agenda/Travel Request

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

Comments: _____

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



Date	Opponent	Time	Location	Departure	Overnight
12-Aug-20	Parent Meeting	5:00-5:45 pm	BHS Cafeteria		
14-Aug-20	1st Day Practice				
28-Aug-20	Lady Indian Scrimmage	TBA	BHS Gym		
1-Sep-20	Columbia Falls	4:15 PM	Columbia Falls	1:00 PM	
3-Sep-20	Cut Bank	2:30 PM	Cut Bank	2:45 PM	
5-Sep-20					
10-Sep-20	Whitefish	4:15 PM	BHS Gym		
11-Sep-20	Polson	4:15 PM	Polson	12:00 PM	
12-Sep-20	Ronan	1:00 PM	Ronan	9:00 AM	
19-Sep-20	Libby	1:00 PM	Libby	8:00 AM	
25-Sep-20					
26-Sep-20					
3-Oct-20	Cut Bank	11:00 AM	BHS Gym		
10-Oct-20	Polson	1:00 PM	BHS Gym		Pink Night
15-Oct-20	Ronan	1:00 PM	BHS Gym		
22-Oct-20	Havre	4:00 PM	BHS Gym	Double Nets	
23-Oct-20	Blocktober Fest	TBA	Butte Mt	TBA	yes
24-Oct-20	Blocktober Fest	TBA	Butte Mt		
29-Oct-20	Columbia Falls	4:15 PM	BHS Gym		
30-Oct-20	Whitefish	4:15 PM	Whitefish	1:45 PM	
5-Nov-20	Divisionals	TBA	Ronan	TBA	yes
12-Nov-20	State Volleyball	TBA	Bozeman	TBA	yes

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

Employee Name Sample
Building _____

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
11/11/20 - 11/14/20	_____	SR
_____	_____	_____

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 Volleyball State **Attach Brochure/Agenda**

Location Bozeman, MT.

Departure Date 11/11/20

Return Date 11/14/20

Departure Time 2:00 p.m.

Return Time 8:00 p.m.

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 267@ .575 = \$153.53
Per Diem 3 dy, 1 dnr = \$123.00

Registration PO# _____ = _____
 Hotel PO# _____ = \$357.00
 Other PO# _____ = _____
 Other PO# _____ = _____

Sub Total \$633.53

Budget 226.60.720.3500.582 (Activities) (100%) \$276.53
126/226.90.160.2320.582 (Supt) (75/25%) \$194.03 / \$64.67

Check Total \$276.53

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____