Browning Public Schools
Board Agenda Request
Meeting to Be Held: 9/10/19

_____

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: 9/3/19

To **Corrina Guardipee-Hall** **From:** Billie Jo Juneau
Superintendent Title: Babb Principal/District Admin

Subject: In State Travel

Description: Request approval for Billie Jo Juneau to attend Train the Trainer-Trauma Informed Care using Restorative Justice Practices in Kalispell, MT Sept 23-25th, 2019

Financial Impact: $533.49

Funding Source (Budget/grant, etc.): 126/226.90.160.2490.582 To be reimbursed by the State

Attachment(s): Agenda/Travel Request

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

Comments: _____

_____

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

Restorative Justice Training
Resolutions Northwest

Brought to you by The MT Office of Public Instruction
Substance Abuse Mental Health Service Administration (SAMHSA SM80138) funded
Systems of Care Tribal Wraparound Project

[RESOLUTIONS]
NORTHWEST

Resolutions Northwest is partnering with Montana Office of Public Instruction to assist with facilitating a gathering where youth, elders, school staff and community members can envision how they want to begin or continue restorative practices in their school communities.

We will offer structure and support for our time together but will center and defer to the local wisdom and expertise in all activities and implementation planning.

Registration Info:

To register or for more information please contact Stephanie Iron Shooter at SIronShooter@mt.gov

Location: Best Western Plus Flathead Lake Inn & Suites
4824 US-93 S
Kalispell, MT 59901

September 23rd, 2019

9am-12pm Youth Restorative Justice Leadership Gathering

1pm-3pm Elder Restorative Justice Leadership Gathering

4-5pm Youth and Elder Combined Gathering

September 24th & 25th 2019

9am-4pm Facilitated Dialogue & Restorative Justice Workshop

For hotel reservations please call:

Best Western Flathead Lake Inn & Suites

406-857-2400

Hampton Inn Kalispell

406-755-7900

The hotel room blocks are available at the state rate, but reservations must be made by September 6, 2019.

Employee Name Billie Jo Juneau   **Employee #**

Building Babb/Administration   **Substitute Name** NA

LEAVE REPORT

Date of Leave	Hours	Type of Leave
9/24/19 & 9/25/19	17 hrs	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 Train the Trainer, Trauma Informed Care Using Restorative Justice **(Attach Brochure/Agenda)**

Location Kalispell, Montana

Departure Date 9/23/19   **Return Date** 9/25/19

Departure Time 7:00 a.m.   **Return Time** 6:00 p.m.

Transportation: ☒ Personal Vehicle   **Mileage** 198 x .58.   =$114.54
                      ☐ District Vehicle   **Per Diem** 36 x 3 days   =$108.00
                      ☐ Professional Development

                      ☐ **Registration** PO# _____   =$ 0.00
                      ☐ **Hotel** PO# _____   =$310.95
                      ☐ **Other** PO# ___ Airfare   =$ 0.00
                      ☐ **Other** PO# ___ Luggage   =$ 0.00

                      To be reimbursed: _____

                                              Sub Total $533.49

Budget 126.90.160.2490.582.206 (75 %) $166.91   **Check Total $222.54**
           226.90.160.2490.582.206 (25 %) $ 55.63

Employee Signature _____   **Date** _____

Principal/Supervisor _____   **Date** _____

Superintendent Signature _____   **Date** _____