Browning Public Schools **Board Agenda Request**Meeting to Be Held: 2/12/19



Recognit	tion: Students	☐ Staff	Parents			
Informa	tion:	Old Business	Superintendent's Report			
Action:	Resignation	Hiring				
	Travel Out-of-State	Travel In State	Approvals			
	Termination	Legal Matters	Other:			
	This action request pertains	to Elementary (only)	☐ High School/District Wide			
Date:	2/5/19					
To		<del>-</del>				
10	Corrina Guardipee-Hall Superintendent					
	_	Title: H				
Subject:	Superintendent  CSA for Trauma Informed	Title: H				
Subject: Descript Practices	Superintendent  CSA for Trauma Informed	Title: H	ligh School Principal			
Subject: Descript Practices Financia Funding	Superintendent  CSA for Trauma Informed  ion: Request to approve stipe for Browning High School Ja  al Impact: \$200.00	Title: H  I training and planning  end for Jack Parrent to atter anuary 3 <sup>rd</sup> and 4 <sup>th</sup> .  Salaries, benefits, and pay	righ School Principal  and a training on Trauma Informed  by yroll costs to be charged against			
Subject: Descript Practices Financia Funding budgets f	Superintendent  CSA for Trauma Informed  ion: Request to approve stipe for Browning High School Ja  Il Impact: \$200.00  Source (Budget/grant, etc.)	Title: H  I training and planning  end for Jack Parrent to atter anuary 3 <sup>rd</sup> and 4 <sup>th</sup> .  Salaries, benefits, and pay	righ School Principal  and a training on Trauma Informed  by yroll costs to be charged against			
Subject: Descript Practices Financia Funding budgets f	Superintendent  CSA for Trauma Informed  ion: Request to approve stipe for Browning High School Ja  Il Impact: \$200.00  Source (Budget/grant, etc.) For respective building/departs	Title: Head of training and planning and for Jack Parrent to atternation and 4 <sup>th</sup> .  Salaries, benefits, and payment/program/grant as apple.	righ School Principal and a training on Trauma Informed wroll costs to be charged against licable.			
Subject: Descript Practices Financia Funding budgets f	Superintendent  CSA for Trauma Informed  ion: Request to approve stipe for Browning High School Ja  Il Impact: \$200.00  Source (Budget/grant, etc.) For respective building/departs  ient(s): CSA  il: Superintendent's Office/F	Title: Head of training and planning and for Jack Parrent to atternation and 4 <sup>th</sup> .  Salaries, benefits, and payment/program/grant as apple.	righ School Principal and a training on Trauma Informed wroll costs to be charged against licable.			

## Browning Public Schools

## CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

<b>Date:</b> <u>1/7/19</u>	Board Appro			
Contractor: Jack Parrent	Phone:			
Address: Box P.O. Box or Street Address	Browning, City	MT State	59417 Zip	
<b>Type of Project/Service</b> (be specific): Attend traus School.	ma Informed professi	onal de	velopment for Browning High	
Contracted Dates: January 3 and 4, 2019				
Rate per hour/per day:			= <u>N/A</u>	
Per Diem/per day: <u>\$100.00</u> x <u>2.</u> # of Days			= \$200.00	
Mileage: miles @ per mile			= <u>N/A</u>	
Other costs (explain): Not to exceed total \$ amount			= <u>N/A</u>	
	Total Project Co	ost	= <u>\$200.00</u>	
Contract to be paid from: 226.60.150.2410.120	Independent Contractor:  ☐ Submit invoice on completion ☐ Other  Employee: ☐ Submit timesheet through payroll			
The above terms and conditions constitute an agree Schools for the contractor to render services, as in unforeseen problems, this agreement shall be chang	dicated. In the even		•	
Contractor's Signature	Principal/Supe	ervisor		
SSN/Federal ID Number/EIN	Superintenden	ıt		

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White - Contractor

Yellow - Business Office