

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 1/29/25



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: 1/21/25

To: Rebecca Rappold
 Superintendent

From: Kellen Hall
Title: Athletic Director

Subject: **In State Travel: AD Scheduling Meeting 2024-2025**

Description: Request travel to Columbia Falls, MT to attend the Activities Directors Scheduling Meeting 3/17-18, 2025

Financial Impact: \$179.23

Funding Source (Budget/grant, etc.): 226.60.720.3500.582

Attachment(s): Travel Request/Conference Agenda

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

Comments: _____

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

Western A Spring Scheduling Meeting (Draft)

March 17, 2025, 12:00 pm

Columbia Falls, MT

Monday, March 17 - Noon

Tuesday, March 18 - 8 AM

- I. Meeting called to order
- II. Treasurer's Report
- III. Old Business
 - A. Minutes from Winter Meeting
 - B. Divisional Track
 - C. Divisional Tennis
 - D. Divisional SB
 - E.
 - F.

- IV. New Business
 - A. Scheduling
 - i. Football
 - ii. VB
 - iii. Soc
 - iv. XC
 - v. Golf
 - vi. BB
 - vii. WR
 - viii. Track
 - ix. Tennis
 - x. Softball

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

Employee Name Kellen Hall

Employee # _____

Building BROWNING HIGH SCHOOL

Substitute Name N/A

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>3/17&18/25</u>	<u>16</u>	<u>SR</u>
_____	_____	_____

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 Activities Directors Scheduling **Attach Brochure/Agenda**

Location Columbia Falls, MT.

Departure Date 3/17/25

Return Date 3/18/25

Departure Time 4:00 pm

Return Time 8:00 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage _____ @ _____ =\$ 0

Per Diem 1 day \$51 + 1 dn \$20 = \$71.00

Registration PO# _____ =\$ 0

Hotel PO# _____ =\$108.23

Other PO# Airline (estimate) =\$ 0

Sub Total \$179.23

Budget 226.60.720.3500.582 (100%) \$71.00

Check Total \$71.00

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____