Browning Public Schools
Board Agenda Request

Meeting To Be Held: 07/31/24



| Recognit Informa Action: | | ☐ Staff ☐ Old Business | Parents Superintendent's Report |
|--|--|---|--|
| | Resignation | | Superintendent's Report |
| Action: | | | |
| | Travel Out-of-State | Hiring | ○ Contract Service Agreements |
| | I lavel out of blace | Travel In State | Approvals |
| | Tamainatian | | |
| | Termination | Legal Matters | Other: |
| | This action request pertains t | to Elementary (only |) High School/District Wide |
| Date: | 07/23/24 | | |
| Γ ο: | Board of Trustees | | From: Rebecca Rappold |
| | Browning Public Schools | | Title: Superintendent |
| | Drowning rubiic Schools | | |
| | • | | |
| Descript Which wi | CSA: New Teacher Orientation: I am requesting the appro- | oval of contact services a | 25 SY agreements for the New Teacher Orientat will be paid at the daily paid rate of \$100 |
| Descript Which wi | CSA: New Teacher Orientation: I am requesting the appropriate the second | oval of contact services a 6, 2024. New teachers v | agreements for the New Teacher Orientat |
| Descript which wi ach of th | CSA: New Teacher Orienta ion: I am requesting the appro- ll occur between August 12-16 ne 5 days of training. New Teacher | oval of contact services a 6, 2024. New teachers v | agreements for the New Teacher Orientat |
| Descript which wi ach of the | CSA: New Teacher Orientation: I am requesting the appropriate the second | oval of contact services a 6, 2024. New teachers v Amount \$500.00 | agreements for the New Teacher Orientat |
| Descript which wi ach of the latest the late | CSA: New Teacher Orienta ion: I am requesting the appro- ll occur between August 12-16 ne 5 days of training. New Teacher Bobbi Jo Powell Cicily Henderson | Amount \$500.00 | agreements for the New Teacher Orientat |
| Descript which wi ach of the | CSA: New Teacher Orientation: I am requesting the appropriate the second | oval of contact services a 6, 2024. New teachers v Amount \$500.00 | agreements for the New Teacher Orientat |
| Descript which wi ach of the second s | CSA: New Teacher Orienta ion: I am requesting the appro- Il occur between August 12-16 ne 5 days of training. New Teacher Bobbi Jo Powell Cicily Henderson Samantha Devereaux | Amount \$500.00 \$500.00 | agreements for the New Teacher Orientat |
| 2. 3. 4. | CSA: New Teacher Orienta ion: I am requesting the appro- ll occur between August 12-16 ne 5 days of training. New Teacher Bobbi Jo Powell Cicily Henderson Samantha Devereaux Shelby Hannon | Amount \$500.00 \$500.00 \$500.00 | agreements for the New Teacher Orientat |

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

| Date: August 12, 2024 | Board Approval: July 31, 2024 | | | | |
|---|---|-------------------------|----------------------------|--|--|
| Contractor: Sample CSA | Phone: | | | | |
| Address: | | | | | |
| P.O. Box or Street Address | City | State | Zip | | |
| Type of Project/Service (be specific): Contractor wi | Il participate | in 5 full days o | f professional development | | |
| (August 12-16, 2024) as part of new teacher orientat | ion from 8:00 | oam to 3:00pm. | No partial payment will be | | |
| made for daily partial participation in professional deve | elopment unde | er 6 hours in dura | ation. | | |
| Contracted Dates: 8/12/2024 - 8/16/2024 | | | | | |
| Rate per hour/per day: \$100 per day X 5 days | | = 5 | \$500.00 | | |
| Per Diem/per day: # of Days | | = | | | |
| Mileage: miles @ per mile | | = | | | |
| Other costs (explain): Not to exceed total \$ amount | | = | | | |
| | Total Pro | oject Cost = S | \$500.00 | | |
| Contract to be paid from: | Indepe | Independent Contractor: | | | |
| 126.90.100.2213.150 (75%) | | ubmit invoice on | n completion | | |
| 226.90.100.2213.150 (25%) | | Other | _ | | |
| | Employee: Submit timesheet through payroll | | | | |
| | <u>⊠</u> S | ubmit timesneet | through payroll | | |
| The above terms and conditions constitute an agreeme Schools for the contractor to render services, as indic unforeseen problems, this agreement shall be changed | ated. In the e | | | | |
| Contractor's Signature | Principal/Supervisor | | | | |
| SSN/Federal ID Number/EIN | Superintendent | | | | |
| An Independent Contractor must provide Browning Pu | ablic Schools | with a Federal II | O Number, State Contractor | | |

License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the

White - Contractor

Worker's Compensation Insurance and Unemployment Insurance for employees.

Yellow – Business Office