

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 2/11/20



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: 2/5/20

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

From: Corrina Guardipee-Hal
Title: Superintendent

Subject: **In State Travel-MCL State Development Grant Writing Workshop**

Description: Request travel to attend the MCL State Development Grant Writing Workshop in Helena, MT 2/21/20.

Financial Impact: \$ 368.80

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

Attachment(s): Travel/leave request

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

Comments: _____

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

From: **Corrina Guardipee-Hall** corrinag@bps.k12.mt.us 
Subject: Fwd: Montana Comprehensive Literacy State Development Program Grant Writing Workshops
Date: February 5, 2020 at 10:40 AM
To: Carlene Adamson carlenea@bps.k12.mt.us

Please put me on the agenda for the 21st in Helena.

Corrina L. Guardipee-Hall ED.S.
Browning Public Schools
Superintendent

'In the course of making decisions, ask yourself what is best for kids!'

----- Forwarded message -----

From: Zietz, Amber <AZietz@mt.gov>
Date: Wed, Feb 5, 2020 at 9:36 AM
Subject: Montana Comprehensive Literacy State Development Program Grant Writing Workshops
To: OPI MT Literacy Grant <MTLiteracyGrant@mt.gov>

Greetings,

Recently, the Office of Public Instruction notified your district that it is eligible to apply for the Montana Comprehensive Literacy State Development Program (MCLSDP). The Office of Public Instruction is hosting six grant writing workshops to help districts with the application process. The events will be held at the following dates and locations:

Kalispell:	2/19	Flathead Community College: Art & Tech Building Room 144
Missoula:	2/20	U of M: James Todd Center Room 210 (Parking Pass \$3.50)
Helena:	2/21	Helena College: Conference Room (Downstairs)
Havre:	2/24	MSU Northern: Ballroom Billings
Glendive:	2/26	Dawson Community College: Community Room
Billings:	2/28	City Library: Community Room

Event Times: 9:00 a.m. to 3:00 p.m. (all times will be the same for all locations)

"Please have the representatives, who will be involved in writing the grant for your district, plan to attend an event as a team. Each attendee should register using the link provided. Space is limited in each location, so an accurate count of attendees is necessary for planning purposes.

For the Registration Link, click [here](#).

Contact us with questions at (406) 444-0753 or MTLiteracyGrant@mt.gov,

or

check out more details and timelines at the [Montana Literacy Projects webpage](#).



Montana Comprehensive Literacy State Development Program

Montana Office of Public Instruction



- Phone: 406-444-0753
 - Website: <http://opi.mt.gov/>
 - Email: MTLiteracyGrant@mt.gov
-

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

Employee Name Corrina Guardipee-Hall
Building Administration

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>1/20/20</u>	<u>2 hrs</u>	<u>SR</u>
<u>1/21/20</u>	<u>8 hrs</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 MT comprehensive Literacy State Development Grant Writing **Attach Brochure/Agenda**
Location Helena, MT

Departure Date 1/20/20

Return Date 1/21/20

Departure Time 2:00 p.m.

Return Time 6:00pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 344 @ .575 = \$ 197.80

Per Diem 1 day @ \$36 + \$15D. = \$ 51.00

Registration PO# _____ = \$ 0.

Hotel PO# _____ = \$ 120.00

Other PO# _____ = \$ 0.

Other PO# _____ = \$ 0.

Sub Total \$ 368.80

Budget 126.90.160.2320.582 (100%) \$ 186.60
226.90.160.2320.582 (100%) \$ 62.20

Check Total **\$248.80**

Employee Signature _____ **Date** _____

Principal/Supervisor _____ **Date** _____

Superintendent Signature _____ **Date** _____