

SPECIAL OLYMPICS Calendar of Events

Events for April 2017

• « March

• May »

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28 Swimming Coaches Training – Great Falls	29 Bocce and Athletics Coaches Training – Great Falls	30	31	1 TCAR Area Bowling Bash!
2	3	4	5	6	7	8
9	10 CRAR AMT Meeting	11	12	13	14	15
16	17	18 TCAR AMT Meeting	19	20 CRAR Area Spring Games	21 CRAR Area Spring Games	22 CTAR Area Spring Games
23 CTAR Area Spring Games	24	25	26 GNAR Area Spring Games	27 BSAR Area Spring Games	28 BSAR Area Spring Games YVAR Area Spring Games	29 YVAR Area Spring Games

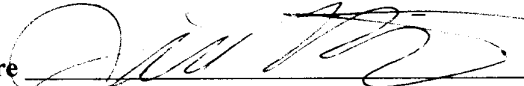
**BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request**

Employee Name Jill Mattingly
Building Special Services

Employee #12045
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>04/19,20,21/2017</u>	<u>24 Hours</u>	<u>SR</u>

Employee Signature  Date 3-20-17
 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 _____
(Master Contract) Relationship) | SWOP Suspended w/o Pay |

*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 Special Olympics State CRAR Area Spring Games 2017 (Attach Brochure/Agenda)

Location Great Falls, MT

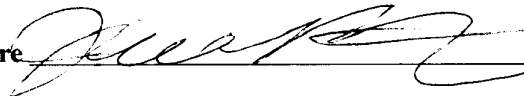
Departure Date 04/19/17 Return Date 04/21/17

Departure Time 10:00 am Return Time 5:00 pm

Transportation:	<input checked="" type="checkbox"/> Personal Vehicle	Mileage <u>254 RT @ \$0.535</u> = \$ <u>135.89</u>
	<input type="checkbox"/> District Vehicle	Per Diem <u>N/A</u> = \$ <u>0</u>
	<input type="checkbox"/> Professional Development	
	<input type="checkbox"/> Registration PO# <u>N/A</u> = \$	
	<input type="checkbox"/> Hotel PO# _____ = \$ <u>253.45</u>	
	<input type="checkbox"/> Other PO# _____ = \$	
	<input type="checkbox"/> Other PO# _____ = \$	
	Sub Total <u>\$389.34</u>	

Budget #126-60-720-3590-582- (75%) - \$292.00
#226-60-720-3590-582 - (25 %) - \$97.34

Check Total \$135.89

Employee Signature  Date 3-20-17
 Principal/Supervisor _____ Date _____
 Superintendent Signature _____ Date _____