

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 1/31/18



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: 123/18

To **Board of Trustees**
 Browning Schools

From: **Corrina Guardipee-Hall**
Title: Superintendent

Subject: Travel to State BBB District Tournament

Description: Request approval for Tony Wagner, Billie Jo Juneau, Corrina Guardipee-Hall to travel to the State BBB tournament in Bozeman, MT March 1, 2018 – March 3, 2018.

Financial Impact: Tony Wagner \$428.52; Billie J. Juneau \$230.52; Corrina Hall \$480.52 **Total \$1,139.60**

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

Attachment(s): Travel Request/BB Schedule

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

Comments: _____

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

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name TONY WAGNER
Building BROWNING HIGH SCHOOL

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>3/1/18 to 3/3/18</u>	<u>24</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 State A BBB Tournament Attach Brochure/Agenda

Location Bozeman, Montana

Departure Date 3/1/18

Return Date 3/2/18

Departure Time 7:00am

Return Time 10:00 PM

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage 534 @ 545 ÷ 2 = \$145.52
Per Diem \$27, \$35, 35 = \$ 97.00

☐ Registration PO# _____ = \$ 0
☒ Hotel PO# 2 x \$93.00 = \$186.00
☐ Other PO# Airfare = \$ - 0 -
☐ Other PO# Luggage = \$ - 0 -
Sub Total \$ 428.52

Budget 226.60.720.3500.582 (100%) 242.52

Check Total \$242.52

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Billie Jo Juneau
Building BROWNING HIGH SCHOOL

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>3/1/18 to 3/3/18</u>	<u>24</u>	<u>SR</u>
_____	_____	_____

Employee Signature _____ Date _____

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TRAVEL REQUEST (If receiving payment for EX/SR leave please fill out entire form completely)

Conference/Workshop State A BBB Tournament Attach Brochure/Agenda

Location Bozeman, Montana

Departure Date 3/1/18

Return Date 3/2/18

Departure Time 3:00 PM

Return Time 10:00 PM

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage 534 @ $545 \div 2$ = \$145.52

Per Diem 2 days @ \$35 + D\$15+L12 = \$ 97.00

<input type="checkbox"/> Registration PO# _____	= \$ 0
<input type="checkbox"/> Hotel PO# _____	= \$ 0
<input type="checkbox"/> Other PO# _____	= \$ 0
<input type="checkbox"/> Other PO# _____	= \$ 0

Sub Total \$230.52

Budget 226.60.150.2410.582.0000 (100%) \$230.52

Check Total \$230.52

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Corrina Guardipee-Hall

Employee # _____

Building Administration

Substitute Name _____

LEAVE REPORT

Date of Leave

Hours

Type of Leave

3/1/18 to 3/3/18

24

SR

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

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NG National Guard

SWP Suspended w/Pay

FN Funeral _____

SWOP Suspended w/o Pay

(Master Contract Relationship)

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Mileage 534 @ 545 ÷ 2 = \$145.52

☐ District Vehicle

Per Diem 2 days @ \$35 + D\$15+L12 = \$ 97.00

☐ Professional Development

☐ Registration PO# _____ = \$ 0

☐ Hotel PO# _____ = \$ 250.00

☐ Other PO# _____ = \$ 0

☐ Other PO# _____ = \$ 0

Sub Total \$480.52

Budget 126.90.160.2310.582.0000 (100%) \$172.89

Check Total \$230.52

226.90.160.2310.582.0000 (100%) \$ 57.63

Employee Signature _____

Date _____

Principal/Supervisor _____

Date _____

Superintendent Signature _____

Date _____