Browning Public Schools
Board Agenda Request
Meeting To Be Held: 7/26/17

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

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Date: 7/13/17

To: **Board of Trustees**   **From:** Corrina Guardipee-Hall, ED.S.
Browning Public Schools   **Title:** Superintendent

Subject: In State Travel - 2017 Title I School Support Training

Description: Request travel for myself and Jerci Matt to attend the Title I School Support Formula Grant in Helena, MT August 14 & 15, 2017. The BPS teams will be involved in professional development with the district's new reading series and math and cannot attend this training. Jerci Matt and I will attend as we will be responsible for inputting Title I into e-Grants at that time.

Financial Impact: $ **516.32 ea** (mileage $92.02; per diem $85.00; lodging $204.30; reg $150.00)

Funding Source (Budget/grant, etc.): 115.90.494.2213.582.117 Title I.

Attachment(s): Travel Request/Agenda

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

Comments: _____

_____

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

BPS

Jeri Matt <jerim@bps.k12.mt.u

Title I School Support Meeting August 14 & 15, 2017 - Helena
1 message

Griffin, Lisa <LGriffin3@mt.gov>   Wed, Jul 5, 2017 at 2:20

Hello,

As referenced in the grant eligibility letter from Title I School Support you recently received, schools and high-priority systems are invited to bring School Leadership Teams together **August 14-15, 2017,** in Helena at the Great Northern to help write your Title I School Support Formula Grant Proposal/CSIP. Your Formula Grant will include the development of a Continuous School Improvement Plan (CSIP), using the results from a Comprehensive Needs Assessment, and understanding of any accreditation deviations. Support from different divisions of the OPI will be attending to ensure a collaborative, all-encompassing process that will be an effective, meaningful use of your time.

The principal and a representative from each level (i.e., preschool, primary grades, intermediate grades) or content areas (i.e., science, math, reading) will need to be in attendance. The link to CSIP will be forthcoming and the district portion of the CSIP must be completed before attending the August 14-15, 2017, meeting. Access to CSIP requires a username and password and normally your principal will have that information.

Title I School Support Formula Grant Proposal/CSIPs will be due mid-September with funding allocations for successful plans will be available October 1, 2017.

Below is the link for registration and the information needed to reserve your hotel room. Forward this e-mail to those that need to register to attend. Please complete this by July 21, 2017.

Thank you.

Kathi Tiefenthaler

Title I School Support Unit Director

Montana Office of Public Instruction

- Phone: 406-444-1872
- TTY: 406-444-0235
- Website: http://opi.mt.gov/
- Email: ktiefenthaler@mt.gov

<div align="center">

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

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Employee Name sample request   **Employee #**

Building Administration   **Substitute Name** NA

LEAVE REPORT

Date of Leave	Hours	Type of Leave
8/14 - 8/15, 2017	16	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	**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

<div align="center">(Master Contract) Relationship)</div>

***If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Name/Location**

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

Conference/Workshop Title I School Support   **Attach Brochure/Agenda**

Location Helena, MT

Departure Date August 13, 2017   **Return Date** August 15, 2017

Departure Time 3:00 p.m. .   **Return Time** 4:00 p.m.

Transportation: ☒ Personal Vehicle   **Mileage** 344 @.535 = $ 92.02

               ☐ District Vehicle   **Per Diem** 2 day s @ $35+415S = $ 85.00

               ☐ Professional Development

                                 ☐ **Registration** PO# _____ = $ - 0 -

                                 ☒ **Hotel** PO# _____ = $204.30

                                 ☐ **Other** PO# _____ Airfare = $ - 0 -

                                 ☐ **Other** PO# _____ Luggage = $ - 0 -

                                        Sub Total $ 516.32

                                     Check Total $ 162.02

Budget 115.90.494.2213.582.117 (100%) $162.02

Employee Signature _____   **Date** _____

Principal/Supervisor _____   **Date** _____

Superintendent Signature _____   **Date** _____