

Browning Public Schools
Board Agenda Request
Meeting to Be Held: August 31, 2022



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: August 24, 2022

To: **Corrina Guardipee Hall**
 Superintendent

From: John Salois
Title: Human Resources Director

Subject: Lane Change Request for Certified Teacher 2022-2023

Description: Recommending a horizontal lane change movement for 2022-2023 AY for **Kelli Burke**. She has submitted documents to the Superintendent requesting the lane change prior to the April 1, 2022 deadline as per the certified master contract and provided official transcripts indicating credits earned.

Now	Was
\$54,715.00 (MA/4)	\$50,071.00 (BA+10/4)

Financial Impact: \$4,644.00

Funding Source (Budget/grant, etc.): Building budget/Impact Aid

Attachment(s): Contract Modification

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

Comments: _____

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

Browning Public Schools
SCHOOL DISTRICT NO. 9

MODIFICATION
EMPLOYMENT CONTRACT (2022-2023)
(Salary)



THIS MODIFICATION is incorporated by this reference into that certain Employment Contract dated March 30, 2022, between **Kelli Burke** ("Employee") and the Board of Trustees, Glacier County School District No. 9, Browning, Montana ("School District").

The Employee's salary is incremented as follows:

Salary

Was	\$50,071.00	BA+10/4
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Now	\$54,714.00.	MA/4
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All other terms, conditions, and provisions of the 2022-2023 Employment Contract remain unchanged.

IN WITNESS WHEREOF, the parties hereto cause this agreement to be duly signed in original and copy this 31st day of August, 2022

EMPLOYEE

SCHOOL DISTRICT NO. 9

By: _____

By: _____
Chair, Board of Trustees

SSN: _____

ATTEST:

By: _____
District Clerk
P. O. Box 610
129 First Avenue S. E.
Browning, MT 59417
Tel: 406-338-2715/FAX: 406-338-3200