

Browning Public Schools
Board Agenda Request
 Meeting to Be Held: 5/12/20



- 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: 5/7/2020

To: **Corrina Guardipee Hall**
 Superintendent

From: John Salois
 Title: Human Resources Director

Subject: Contract Modification, Lane Change for Certified Teacher 2020-2021

Description: Recommend a horizontal lane change movement for 2020-2021AY for Egan Black. Documents have been to the Superintendent prior to the April 1, 2020 deadline as per the certified master contract with official transcripts indicating credits earned.

Now	Was
\$52,533.00 (MA/5)	\$45,718.00 (BA/5)

Financial Impact: \$6,815.00

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

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 (2020-2021)
(Salary)

THIS MODIFICATION is incorporated by this reference into that certain Employment Contract dated March 25, 2020, between **Egan Black** ("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	
Now	\$52,533.00	MA/5
Was	\$45,718.00	BA/5

All other terms, conditions, and provisions of the 2020-2021 Employment Contract remain unchanged.

IN WITNESS WHEREOF, the parties hereto cause this agreement to be duly signed in original and copy this 12th of May, 2020.

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