

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 9/12/23



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: 9/5/23

To: Corrina Guardipee-Hall
 Browning Public Schools

From: Jennifer Wagner
Title: Principal

Subject: **In State Travel: X-Country State Tournament 2023-2024**

Description: Request approval for Kari McKay to attend X-Country State in Kalispell, MT 10/21/23

Financial Impact: \$ **\$51.00**

Funding Source (Budget/grant, etc.): 226.60.150.2410.582

Attachment(s): Travel Request/Schedule

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

Comments: _____

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

**Browning High School
XC Schedule
2023-2024**

Date	Day	JV	Varsity	Opponent	Site
8/25/23	Fri		10:00am	Libby	Libby
9/1/23	Fri	4:20pm	4:20pm	Cut Bank	Cut Bank
9/8/23	Fri		1:00pm	Flathead Invite	Kalispell
9/18/23	Mon	TBA		Shelby	Shelby
9/19/23	Tues		2:00pm	Thompson Falls	Thompson Falls
9/23/23	Sat	9:00am	9:00am	Mountain West	Missoula
9/26/23	Tues	3pm	3pm	Whitefish	Whitefish
9/29/23	Fri	2pm	2pm	Browning	Browning
10/5/23	Thurs		12pm	Helena 7 on 7	Helena
10/7/23	Sat	12pm	12pm	Polson	Polson
10/14/23	Sat			Western A Fall Classic	Stevensville
10/21/23	Sat			State XC	Kalispell

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Kari McKay
Building Browning High School

Employee # _____
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</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 X-Country State (Attach Brochure/Agenda)

Location Kalispell, MT

Departure Date 10/21/23

Return Date 10/21/23

Departure Time 7:00 am

Return Time 9:00 pm

Transportation: ☐ Personal Vehicle
☒ District Vehicle
☐ Professional Development

Mileage _____ = _____
Per Diem 1 Day @ \$51 = \$51.00
☐ Registration PO# _____ = _____
☐ Hotel PO# _____ = _____
☐ Other PO# _____ = _____
☐ Other PO# _____ = _____

To be reimbursed: shuttle/taxi/parking upon return of receipts Sub Total \$51.00

Budget 226-60-150-240-582 (100 %) \$51.00

Check Total \$51.00

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____