

**Board Action:**    ☐ N/A (Info)    ☐ Approved    ☐ Denied    ☐ Tabled to: \_\_\_\_\_



# All-American Indian Shootout

Metra Park - First InterState Arena

Billings Montana

December 9, 10, & 11, 2021



Once the games start each day, there is a hour and a half between game start-times.

We will stay close to the start-times as much as possible. Please be aware of the times.



>>>> The teams listed first are the home teams.

>>>> Dressing rooms will be assigned to give each team ample time.

## Thursday

1:30	G	Browning Mandaree
3:00	B	Plenty Coups Hays/LP
4:30	G	White Shield Hays/LP
6:00	B	White Shield Box Elder
7:30	G	Box Elder Plenty Coups

## Friday

1:30	G	Box Elder White Shield
3:00	B	Mandaree Browning
4:30		Parade of Athletes
5:30	G	Hardin Rocky Boys
7:00	B	Hardin Rocky Boys

## Saturday

10:30	B	Box Elder Plenty Coups
12:00	G	Hays/LP Plenty Coups
1:30	B	Mandaree Rocky Boys
3:00	G	Mandaree Rocky Boys
4:30	B	White Shield Hays/LP
6:00	G	Browning Hardin
7:30	B	Browning Hardin

## Boys

Mandaree	Fri - Sat
Hardin	Fri - Sat
Rocky Boy	Fri - Sat
Browning	Fri - Sat
Hays/LP	Thurs - Sat
Plenty Coups	Thurs - Sat
Box Elder	Thurs - Sat
White Shield	Thurs - Sat



## Girls

Mandaree	Thurs - Sat
Browning	Thurs - Sat
Hays/LP	Thurs - Sat
Plenty Coups	Thurs - Sat
Box Elder	Thurs - Fri
White Shield	Thurs - Fri
Hardin	Fri - Sat
Rocky Boy	Fri - Sat

**BROWNING PUBLIC SCHOOLS**  
**Leave Report/Travel Request**

Employee Name Corrina Guardipee-Hall  
Building Administration

Employee # \_\_\_\_\_  
Substitute Name NA

**LEAVE REPORT**

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>12/9, 10, 11, 12/2021</u>	<u>16 hrs</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 "All American Indian Shoot-Out" Basketball Game (Attach Brochure/Agenda)

Location Billings, MT

Departure Date 12/8/21

Return Date 12/12/21

Departure Time 2:00 pm

Return Time 2:00 pm

Transportation: ☒ Personal Vehicle  
☐ District Vehicle  
☐ Professional Development

Mileage 346 x .56 =\$193.76

Per Diem 4 days @ \$36 =\$144.00

☐ Registration PO# \_\_\_\_\_ =\$ 0.

☒ Hotel PO# \_\_\_\_\_ =\$580.00

☐ Other PO# \_\_\_\_\_ =\$

☐ Other PO# \_\_\_\_\_ =\$ 0.

**Sub Total \$917.76**

Budget 126.90.160.2320.582 (75%) \$253.32

226.90.160.2320.582 (25%) \$ 84.44

**Check Total \$337.76**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

**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>12/8/21-12/12/21</u> _____	<u>Hours</u> <u>19 hours</u> _____	<u>Type of Leave</u> <u>SR.</u> _____
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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 All American Indian Shootout (Attach Brochure/Agenda)

Location Billings, MT

Departure Date 12/8/21

Return Date 12/12/21

Departure Time 2:00-pm

Return Time 1:00pm

Transportation: ☒ Personal Vehicle  
☐ District Vehicle  
☐ Professional Development

Mileage 692 x \$0.56 x2=\$193.76

Per Diem 3Day@ \$36.00+\$15D+\$9B+\$12L=\$144.00

<input type="checkbox"/> Registration PO#	= \$ 0.
<input type="checkbox"/> Hotel PO#	= \$580.00
<input type="checkbox"/> Other PO#	= \$ 0.
<input type="checkbox"/> Other PO#	= \$ 0.

**Sub Total \$917.76**

Budget 226.60.150.2410.582 (100%) 337.76

**Check Total \$337.76**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_