Browning Public Schools
Board Agenda Request
Meeting to Be Held: 6/9/2020

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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: 6/3/2020

To: **Corrina Guardipee Hall**   **From:**   John Salois
          Superintendent   Title: Human Resources Director

Subject: Contract Modification: Lane Change Request 2020-2021

Description: Recommending a horizonal lane change movement for 2020-2021AY for Heidi DuBray. Ms. DuBray has submitted documents to the Superintendent prior to the April 1, 2019 deadline as per the certified master contract and provided official transcripts indicating credits earned beyond a BA in adding a SPED Endorsement.

Now	**Was**
$44,731 (BA+20/2)	$42,889.00 (BA+10/2)

Financial Impact: $1,842.00

Funding Source (Budget/grant, etc.): 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 (2020-2021)
(Salary)

THIS MODIFICATION is incorporated by this reference into that certain Employment Contract dated March 25, 2020, between **Heidi Dubray** ("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	$44,731.00	BA+20/2
Was	$42,889.00	BA+10/2

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 9th day of June, 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
                                                            Tel: 406-338-2715/FAX: 406-338-3200