

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 9/26/19



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: 9/17/19

To: **Corrina Guardipee-Hall ED.S.**
 Superintendent

From: Everett Holm
 Title: Technology Director

Subject: **In state travel: TEAMS/TOES Working Session**

Description: Request travel to attend the TEAMS and TOES working session in Helena, MT to get most of our reporting work for accreditation completed.

Financial Impact: \$375.52

Funding Source (Budget/grant, etc.): 126/226-78-162-2220-582

Attachment(s): Travel Request/Agenda

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

Comments: _____

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



Everett Holm <everett@bps.k12.mt.us>

9/27/19 - TEAMS Work Session Confirmation - Helena

2 messages

Miller, Nathan <NMiller5@mt.gov>

Wed, Sep 18, 2019 at 11:45 AM

To: "everett@bps.k12.mt.us" <everett@bps.k12.mt.us>, "crystalt@bps.k12.mt.us" <crystalt@bps.k12.mt.us>

Hi Crystal and Everett,

I received your voicemail and have moved your registrations to the 9/27 Helena Session per your request. I will remove your previous registration. See you in Helena!

SESSION DETAILS

Friday, 9/27/19

9:00 a.m. to 3:00 p.m.

OPI Training Room
1227 11th Avenue
Helena, MT

IMPORTANT INFORMATION

1. Lunch will **NOT** be provided.
2. **Please bring a laptop to work on.** This room has been modified and there are no longer any dedicated computers.
3. Login to TEAMS **before** you arrive at the Work Session.
 - a. Confirm you have the correct user role(s) that you need **and** confirm that you have correct district/schools assigned to you.
 - b. If you do not have a UserID, have your Authorized Representative complete a **School Security Form** and return to the OPI at OPITEAMS@mt.gov.
4. Review the [Teams Data Checklist](#) and ensure you bring all the needed information to the session.

Thank you,

Nathan

Nathan Miller

Accreditation Data Specialist

Montana Office of Public Instruction

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- Phone: 406-444-2410
 - Website: <http://opi.mt.gov/>
 - Email: nmiller5@mt.gov



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

Employee Name Everett Holm
Building Technology

Employee # _____
Substitute Name NA

LEAVE REPORT

Date of Leave	Hours	Type of Leave
<u>9/26-27/2018</u>	<u>10</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 TEAMS/TOES working session in Helena MT **Attach Brochure/Agenda**

Location Helena, MT

Departure Date 9/26/18

Return Date 9/27/18

Departure Time 3:00 p.m.

Return Time 6:00 p.m.

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 344 @.58 = \$ 199.52

Per Diem 1@\$36 /1din = \$ 51.00

Registration PO# _____ = 0.00

Hotel PO# _____ = \$125.00

Other PO# _____ = 0.00

Other PO# = \$ _____

Sub Total 375.52

Budget 126.78.162.2220.0582 (75%) \$281.64

226.78.162.2220.0582 (25%) \$ 93.88

Check Total \$ 250.52

Employee Signature _____ **Date** _____

Principal/Supervisor _____ **Date** _____

Superintendent Signature _____ **Date** _____