

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10/25/17



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: 10/17/17

To: **Corrina Guardipee-Hall**
 Superintendent

From: Matthew Johnson
Title: Director of Alternative Education

Subject: **In State Travel: Linking Systems of Care**

Description: Attend the Linking Systems of Care All Sites Meeting Missoula, MT November 8-9-2017.

Financial Impact: **School Related Leave Only**

Funding Source (Budget/grant, etc.): **na**

Attachment(s): Travel Request/Conference Agenda

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

Comments: _____

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

NATIONAL JUDICIAL INSTITUTE ON DOMESTIC VIOLENCE

A partnership of Futures Without Violence, the National Council of Juvenile and Family Court Judges, and the U.S. Department of Justice, Office on Violence Against Women

TRAVEL INFORMATION SHEET

Guest Pays Own (GPO)

LINKING SYSTEMS OF CARE ALL-SITES MEETING

MISSOULA, MT

NOVEMBER 8-9, 2017

The *Linking Systems of Care All-Sites Meeting* will be held at the Hilton Garden Inn, November 8-9, 2017. On Wednesday, November 8, registration is at 8:30 a.m. and the meeting begins promptly at 9 a.m. It concludes on Thursday, November 9, at 5 p.m. Please make the appropriate travel plans.

HOTEL

The National Council will make a hotel reservation for you upon receipt of your completed Housing Form. The group rate is \$94 per night, single or double occupancy, plus tax. Additional nights, at the group rate, are based upon availability. Please email the form to ywebb@ncjfcj.org by **October 20, 2017**. You will be asked by the hotel to provide a credit card upon check-in. You are responsible for charges incurred during your stay.

Reservations will be made for you at:

Hilton Garden Inn Missoula
3720 North Reserve Street
Missoula, MT 59808
Tel: (406) 532-5300

The Hilton Garden Inn Missoula offers various amenities. We encourage you to check out the hotel's website for further information:

<http://hiltongardeninn3.hilton.com/en/hotels/montana/hilton-garden-inn-missoula-MSOGIGI/about/amenities.html>

GROUND TRANSPORTATION

Call the Hilton Garden Inn Missoula, 24 hours Shuttle Service at (406) 532-5300 to schedule your pick up/drop off. The Shuttle is complimentary.

The cost of taxi fare is approximately \$30 from the airport to the hotel.

Thank you for your attention to these matters. If you have any questions, do not hesitate to contact **Yolanda Webb** at (775) 507-4803 or ywebb@ncjfcj.org.

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Matthew Johnson
Building William Buffalo Hide Academy

Employee #11383
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>11/7/17</u>	<u>4</u>	<u>SR</u>
<u>11/8/17</u>	<u>9</u>	<u>SR</u>
<u>11/9/17</u>	<u>8</u>	<u>SR</u>

Employee Signature [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 National Judicial Institute on Domestic Violence (Attach Brochure/Agenda)

Location Missoula, MT

Departure Date 11/7/17

Return Date 11/9/17

Departure Time 12:00 p.m.

Return Time 11:00 p.m.

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☒ Professional Development

Mileage _____ =

Per Diem _____ =

☐ Registration PO# _____ =

☐ Hotel PO# _____ =

☐ Other PO# _____ =

☐ Other PO# _____ =

Sub Total _____

Budget (%) _____
 (%) _____

Check Total _____

Employee Signature [Signature] Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____