

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 10/8/24



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: 10/2/24

To: Rebecca Rappold
 Superintendent

From Irene Augare
 Title: PCOP Director

Subject: Out of State Travel: National Association for Education of Homeless Children and Youth Conference 2024-2025

Description: Request out of state travel for Irene Augare and Tamara Guardipee to attend the national annual conference for the education of homeless children and youth in Orlando, Florida November 16-20, 2024

Financial Impact: \$2,009.03 ea (approximate)

Funding Source (Budget/grant, etc.): YHDP 115.90.476.2213.582.461

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: _____



2024 *DRAFT* CONFERENCE SCHEDULE

Saturday November 16, 2024

9:30 am - 12:30 pm AM Pre-Conference Sessions

1:30 - 4:30 pm PM Pre-Conference Sessions

Sunday November 17, 2024

8:00 - 9:30 am Opening Keynote/General Session

9:45 - 11:00 am Concurrent Sessions 1

11:30 am - 1:00 pm Luncheon General Session/Keynote Speaker

1:15 - 2:30 pm Concurrent Sessions 2

3:00 - 4:15 Concurrent Sessions 3

4:30 - 5:30 NAEHCY Annual Meeting

5:30 - 7:00 Opening Night Reception

Monday November 18, 2024

8:00 - 9:30 Breakfast Keynote/General Session

9:45 - 11:00 am Concurrent Sessions 4

11:30 am - 1:00 pm Luncheon General Session/Keynote Speaker

1:15 - 2:30 pm Concurrent Sessions 5

3:00 - 4:15 Concurrent Sessions 6

Tuesday November 19, 2024

8:00 - 9:30 Breakfast Keynote/General Session

9:45 - 11:00 am Concurrent Sessions 7

Each group of concurrent sessions will contain up to 12 sessions in one of the following tracks:

- Academic Achievement
- Access to Services
- Child Welfare/Foster Care
- Early Childhood
- Effective Practices and Implementation
- Post-Secondary
- Social Emotional/Behavioral Health
- Unaccompanied Homeless Youth

Breakfast is included daily, and lunch is included Sunday and Monday. We will also have comfort breaks each morning and afternoon.

Employee Name Sample Request
Building Parent Community Outreach Program

Employee # _____
Substitute Name N/A

LEAVE REPORT

Date of Leave 10/16 - 20/2024 **Hours** 20 hrs **Type of Leave** SR

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 National Association for the Education of Homeless Children and Youth

Location Orlando, Florida

Departure Date 10/16/24

Return Date 10/20/24

Departure Time 5:20 a.m.

Return Time 11:00 a.m.

Transportation: Personal Vehicle

Mileage 198@.67 = \$ 132.66

District Vehicle

Per Diem 4days@\$105+ \$23OB + \$17IL = \$ 460.00

Professional Development

Registration PO# _____ = \$ 0

Hotel PO# _____ = \$636.32

Other PO# _____ Airfare = \$780.05

Other PO# _____ = \$ 0

Parking/Taxi/Shuttle is reimbursable only with receipt **Sub Total \$2,009.03**

Budget 115.90.476.2213.582.461

Check Total \$592.66

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____