

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



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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: 10/2/24

To: Rebecca Rappold
 Superintendent

From: Bev Sinclair
 Title: Human Resources Director

Subject: Lane Change Request for Certified Teacher 2024-2025

Description: Recommend a horizontal lane change movement for **Samantha Linke** for 2024-2025. Samantha has submitted documents for a lane change to the Superintendent prior to the April 1, 2024 deadline as per the certified master contract and has provided official transcripts indicating credits earned.

Now	Was
\$67,367.00 (MA/8)	\$64,213.00 (BA+20/8)

Financial Impact: \$3,154.00

Funding Source: Salaries, benefits, and payroll costs to be charged against budgets for respective building/department/program/grant as applicable.

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 (2024-2025)
(Salary)

THIS MODIFICATION is incorporated by this reference into that certain Employment Modification dated August 28, 2024, between **Samantha Linke** (“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	
Was	\$64,213.00	BA+20/8
Now	\$67,367.00	MA/8

All other terms, conditions, and provisions of the 2024-2025 Employment Contract remain unchanged.

IN WITNESS WHEREOF, the parties hereto cause this agreement to be duly signed in original and copy this 8th day of October, 2024.

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: 406-338-2708