

Browning Public Schools
Board Agenda Request
Meeting To Be Held: April 26, 2017



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: April 18, 2017

To: **Board of Trustees**
 Superintendent of School

From: Jason Andreas
 Department Of Human Resources

Subject: Substitute Eligibility Roster 2016-2017

Description: The substitute list is generated from our Personnel Management System and shows all eligible substitute teachers and temporary substitutes.

To provide substitutes for our schools, we sponsor two teacher workshops per year (August and January), Right to Know Workshops for Custodian and Food Service substitutes, Food Handlers Workshop for Food Service Workers and assistant in obtaining CDLs for Bus Drivers. Those who complete the training, paperwork, TB test, background check, drug & alcohol testing are added to the list. Some who sign up, however, choose not to substitute or find regular jobs. In order to maintain the list, the Personnel Department has sent notices to all who were on the list requesting they return the notice if they wished to continue on our substitute list. The attached list indicates those that have returned the notice requesting to remain on the substitute list. We will be updating our list from time to time as new substitutes become eligible. Substitutes are paid according to the Temporary Compensation Plan. Adopted by the Board of Trustees.

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

Attachment(s): 2016-2017 Substitute/Temporary List
New to list:

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

Comments: _____

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

Last Name	First Name	Time Clock	Phone #	Approved Subbing Location	Need Physical Screening
CalfLooking	Lydell	10915	338-7429/ 450-4844	Custodian	