

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Kellen Hall

Employee # _____

Building BROWNING HIGH SCHOOL

Substitute Name _____

LEAVE REPORT

Date of Leave

Hours

Type of Leave

12/5-6/25

8, 8

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

SL Sick Leave

***EX/SR Extra-Curricular/School Related

PL Personal Leave

JD Jury Duty (attach verification)

NG National Guard

FN Funeral _____

(Master Contract) Relationship)

ALWO Approved Leave W/O Pay

ULWO Unapproved Leave w/o Pay

SWP Suspended w/Pay

SWOP Suspended w/o Pay

***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 Native Classic BB

Attach Brochure/Agenda

Location Great Falls

Departure Date 12/5/25

Return Date 12/6/25

Departure Time 8:00 AM

Return Time 10:00 PM

Transportation: ☒ Personal Vehicle

Mileage 254@.70=\$177.80

☐ District Vehicle

Per Diem 2 Dys =\$102.00

☐ Professional Development

☐ Registration PO# _____=\$

☒ Hotel PO# _____=\$173.72

☐ Other PO# Airline (estimat = \$

☐ Other PO# Baggage _____=\$

Sub Total \$453.52

Budget (70%) 226.60.720.3500.582.0000 (100%)

Check Total \$279.80

(30%)

Employee Signature _____

Date _____

Principal/Supervisor _____

Date _____

Superintendent Signature _____

Date _____