

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 05/29/19



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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:**    05/21/19

**To:**        **Board of Trustees**  
                  Browning Public Schools

**From:**    Laura Gervais  
**Title:**     Interim Special Services Director

**Subject:**   **Amended CSA for Speech Pathology Services 2018-2019**

**Description:** Amended Contract Service Agreement for Cheryl Lock, Speech/Language Pathologist 2018-2019 CSA due to additional hours worked because of an increased caseload.

**Financial Impact:** \$ 3,840.00

**Funding Source (Budget/grant, etc.):** 115-76-456-2152-330-609

**Attachment(s):** Contract Service Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**     N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-3200

Date: May 21, 2019

Board Approval: \_\_\_\_\_

Contractor: Cheryl Rah Lock

Phone: (406) 845-8015

Address P.O. Box 499 Babb MT 59411  
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Amend CSA to add more hours to 2018-2019 contract - The Speech/Language Pathologist will provide speech/language therapy services as needed on an interim basis to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

Contracted Dates: 05/1/19 to 06/01/19

Rate per hour/per day: \_\$40.00 x 8 hrs./5 days per wk (12 days) = \$3,840.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = \_\_\_\_\_

Other costs (explain): Not to exceed total \$ amount = \_\_\_\_\_

**Total Project Cost** = \$3,840.00

Contract to be paid from:

115-76-456-2152-330-609

Independent Contractor:

Submit invoice on completion

Other \_\_\_\_\_

Employee:

Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
SSN/Federal ID Number/EIN

\_\_\_\_\_  
Superintendent

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White – Contractor

Yellow – Business Office