Browning Public Schools

Board Agenda RequestMeeting to Be Held: 8/25/2021



Recognit	tion: Students	Staff	Parents	
Recognition: Students Information: Building Report		Old Business	Superintendent's Report	
Action:	Resignation	Hiring	☐ Superintendent's Report☐ Contract Service Agreements	
Action:		_	_	
	Travel Out-of-State	Travel In State	Approvals	
	Termination	Legal Matters	Other:	
	This action request pertains to	☐ Elementary (only)	High School/District Wide	
Date:	8/17/21			
To:	Corrina Guardipee-Hall	From:	John E Salois	
	Superintendent of Schools	Title:	Human Resource Director	
	Myranda Sinclair, School Nurse B			
Funding	g Source (Budget/Grant, etc):	115.90.765.1700.112.6	532	
Attachm	ent(s): CSA			
Approva	al: Superintendent's Office/Finance	ce/Personnel as applicable	e (Initial)	
Commen	nts:			
Board A	ction: N/A (Info)	Approved Den	nied Tabled to:	

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

Date: August 17, 2021	Board Approval: August 25, 2021				
Contractor: Myranda Sinclair		Phone: (406) 450-0050			
Address: 216 3 rd Ave SE P.O. Box or Street Address	Cut Bank City	MT State	59427 Zip		
Type of Project/Service (be specific): Contactor will	_				
Contracted Dates: August 26, 2021-June 3 Rate per hour/per day: \$256.70 x 180 days Per Diem/per day: x Mileage: miles @ Other costs (explain): Not to exceed to	# of Days per mile otal \$ amount	_	=		
	Total	Project Cost	= \$46,206.00		
Contract to be paid from: 115.90.765.1700.112.632 □ 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		Corrina Guardipee-Hall Principal/Supervisor			
SSN/Federal ID Number/EIN	Sup	erintendent			
An Independent Contractor must provide E License or sign an Independent Contractor Worker's Compensation Insurance and Une	or's Exemption A	application Affic	davit waiving their rights under the		

White - Contractor

Yellow – Business Office