Browning Public Schools Board Agenda Request

Board Action: N/A (Info)

Approved

Denied

Browning Public Schools Board Agenda Request Meeting To Be Held: 3/27/19					
Recognit	tion: 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 t	o Elementary (only)	☐ High School/District Wide		
Date:	3/19/19				
To:	Board of Trustees From: Corrina Guardipee-Hall				
	Browning Public Schools	_	Superintendent		
Subject:	In State Travel: State Impa	act Aid Meeting			
Descript March 28		ravel to attend the State	Impact Aid Meeting in Bozeman, MT		
Financia	al Impact: \$485.72				
_	Source (Budget/grant, etc.): for respective building/departn	-	nd payroll costs to be charged against blicable.		
Attachm	nent(s): Leave Request/				
Approva	al: Superintendent's Office/Fin	nance/Personnel as applic	eable (Initial)		
Commer	nts:				

Tabled to:

State Impact Aid meeting

Corrina L. Guardipee-Hall ED.S. Browning Public Schools Superintendent

"In the course of making decisions, ask yourself what is best for kids!"

----- Forwarded message ------

From: Lynda Brannon < LyndaBrannon@outlook.com >

Date: Thu, Mar 21, 2019 at 2:48 PM Subject: State Impact Aid meeting

As requested last July, we will be holding an IISM meeting at MIEA. The meeting is set for Thursday evening March 28 in the small ballroom at the Best Westerm Gramtree in Bozeman. I'll get out an agenda soon. If there is anything you want specifically on the agenda, please let me know. Looking forward to seeing everyone again. As always, call or e-mail me if you have any questions.

Lynda Brannon, Executive Director Indian Impact Schools of Montana 2396 Haystack Drive East Helena, MT 59635 (406)431-0393 cell lyndabrannon@outlook.com

BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

Employee Name Corrina Guardipee-H	<u>all</u> Eı	nployee #	
Building Administration	Substitute Name NA		
LEAVE REPORT			
Date of Leave	Hours	Type of Leave	
3/28 - 29, 2019	8	SR	
Employee Signature	Da	ate	
	pecific leave being available for the spe	ecific employee Not Approved	
Principal/Supervisor	Date		
TYPE OF LEAVE			
AN Annual	PL Personal Leave	ALWO Approved Leave W/O Pay	
SL Sick Leave	JD Jury Duty (attach verification)	ULWO Unapproved Leave w/o Pay	
*EX/SR Extra-Curricular/School Related	NG National Guard	SWP Suspended w/Pay	
	FN Funeral(Master Contract Relationship)	SWOP Suspended w/o Pay	
Conference/Workshop State Impact Location Bozeman, MT Departure Date 3/28/19 Departure Time 1:00 p.m.	Return Date 3/29/19 Return Time 12:30 p	<u>.m.</u>	
Transportation: Personal V	Yehicle Mileage _	534 x .58. =\$ 309.72	
□ District Ve	chicle Per Diem 1 day	@ \$36 =\$ 36.00	
☐ Profession	al Development		
	Registra	ation_PO# =\$ 0.00	
	⊠ Hotel <u>P</u>	O# =\$ 125.00	
	Other <u>P</u>	PO# =\$ 0.00	
		PO# =\$ 0.00	
		Sub Total <u>\$ 470.72</u>	
Budget 126.90.160.2320.582 (75%)	\$35929	Check Total \$345.72	
226.90.160.2320.582 (25%)	\$ 86.43		
Employee Signature		Date	
Principal/Supervisor		Date	
Superintendent Signature		Date	