

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 08/29/18



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: 08/09/18

To: **Corrina Guardipee Hall**
 Superintendent

From: Nikki Hannon
Title: Parent Community Outreach Director

Subject: **Child Care Directors' Symposium**

Description: Nikki Hannon is requesting to attend the 14th annual Montana Directors' Symposium (Early Childhood Project) on September 27-28, 2018 in Bozeman, MT.

Financial Impact: \$735.67

Funding Source (Budget/grant, etc.): Travel costs to be charged against child care professional development budget.

Attachment(s): Leave request, professional development form, symposium agenda, lodging and registration confirmation

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


Comments: _____

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

Event Details

2018 Annual Directors' Symposium

EVENT ID: 506257

 ADVANCED Thursday, September 27 - Friday, September 28, 2018

(11.00 Hours)

Learning Objectives

Participants will be able to:

COURSE ID 529524

1. Gain a deeper understanding of their role as leaders.
2. Understand what MAC is and how they can become advocates in EC

Course Overview

This symposium will feature Leadership as the main focus. We will get state updates from Licensing and the Early Childhood Services Bureau. There will be time for networking and socializing among Directors. We will also have time to learn about Montana Advocates for Children, the upcoming legislative session and how we can all advocate for Early Childhood issues in Montana.

Prerequisites

adf

Montana Early Learning Standards (MELS)

fsdf

Registration**Event Fee**

\$25.00

Register By

9/13/2018

Required?

Yes

Advanced**Course Type**

General Continuing Education

Event Category

Early Childhood

Contact**Ann Klaas (Email)**<mailto:ann.klaas@montana.edu>**The Montana Early Childhood Project**

PO Box 173540

Bozeman, MT 59717

Phone (406) 404-1626

Fax (406) 994-7555

<http://www.mtecp.org> (<http://www.mtecp.org>)**Applies Toward****General Course****Knowledge Base Content Area(s)**

Professionalism (10 Hours)

Trainers

various

CDA Content Areas

Maintaining a commitment to professionalism (10 Hours)

Sponsor**The Montana Early Childhood Project****Target Audience**

Administrators

Training Funder**Other****Ages Addressed**

Adults

Training Methods

BROWNING PUBLIC SCHOOLS

Leave Report/Travel Request

Employee Name: Nikki Hannen Employee #: 11194

Building: PCOP Substitute Name: n/a

LEAVE REPORT

Date of Leave	Hours	Type of Leave
<u>9.26.18</u>	<u>5</u>	<u>SR</u>
<u>9.27.18 - 9.28.18</u>	<u>15</u>	<u>SR</u>

Employee Signature: [Signature] Date: 8.9.18

☐ Approved; Condition upon the specific leave being available for the specific employee ☐ Not Approved

Principal/Supervisor: _____ Date: _____

TYPE OF LEAVE

AN Annual	PL Personal Leave (Master Contract)	ALWO Approved Leave w/o Pay (Holiday/School Break)
SL Sick Leave	JD Jury Duty (Attach Documentation)	ULWO Unapproved Leave w/o Pay
*** EX/SR Extra-Curricular/School Related	NG National Guard	SWP Suspended with Pay
	FN Funeral	SWOP Suspended with out Pay
	(Master Contract) Relationship	

If Taking Extra-Curricular/School Related Leave, Even If In-District You MUST Fill Out The Bottom

TRAVEL REQUEST (EX/SR-Fill out the Conference Name/Location Only)

Conference Name/Meeting/Activity: 14th Annual Montana Directors' Symposium

Location: Bozeman, MT Early Childhood Project

Departure Date: 9.26.18 Return Date: 9.28.18

Departure Time: 12:00 noon Return Time: 8:00 pm

Transportation: ☐ District Vehicle ☒ Personal Vehicle

Per Diem 1 dinner 15.00
2 full day @ 35.00 = 85.00

☒ Personal Vehicle • • • • • Mileage 534 @ .535 = 285.69

*****The Following Forms must be attached or your travel will be sent back to you as incomplete*****

☒ Professional Development Form

☒ Hotel Confirmation • • • • • Purchase Order Number 281636 - 339.98

☐ Airline Itinerary • • • • • Purchase Order Number n/a - 0

☒ Conference Schedule/Registration • • • • • Purchase Order Number 281635 - 25.00

Subtotal - 735.67

BUDGET#: 170-72-920-3200-582 (100 %) \$ 735.67

Check Total 370.69

Employee Signature: [Signature] Date: 8.9.18

Principal/Supervisor: _____ Date: _____

Superintendent Signature: _____ Date: _____

(Signature Required) White - Payroll Yellow - Accounts Payable Pink - Employee Goldencard - School/Site ☒ B02