

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 6/9/2020



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: 5/27/2020

To: **Corrina Guardipee Hall**
 Superintendent

From: John Salois
 Title: Human Resources Director

Subject: Contract Modification: Lane Change Request

Description: Recommending a horizontal lane change movement for 2020-2021AY for Shontee Johnson. Ms. Johnson has submitted documents to the Superintendent prior to the April 1, 2019 deadline as per the certified master contract and provided official transcripts indicating credits earned.

Now	Was
\$44,731.00 (BA+20/2)	\$41,017.00 (BA/2)

Financial Impact: \$3,714.00

Funding Source (Budget/grant, etc.): Salaries, benefits, and payroll costs to be charged against budget for respective building/department/program/grant as applicable.

Attachment(s): Contract Modification

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

Comments: _____

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

Browning Public Schools
SCHOOL DISTRICT NO. 9



MODIFICATION
EMPLOYMENT CONTRACT (2020-2021)
(Salary)

THIS MODIFICATION is incorporated by this reference into that certain Employment Contract dated March 25, 2020, between **Shontee Johnson** (“Employee”) and the Board of Trustees, Glacier County School District No. 9, Browning, Montana (“School District”).

The Employee’s salary is incremented as follows:

	Salary	
Now	\$44,731.00	BA+20/2
Was	\$41,017.00	BA/2

All other terms, conditions, and provisions of the 2020-2021 Employment Contract remain unchanged.

IN WITNESS WHEREOF, the parties hereto cause this agreement to be duly signed in original and copy this 9th day of June, 2020.

EMPLOYEE

SCHOOL DISTRICT NO. 9

By: _____

By: _____
Chair, Board of Trustees

SSN: _____

ATTEST:

By: _____
District Clerk
P. O. Box 610
129 First Avenue S. E.
Browning, MT 59417
Tel: 406-338-2715/FAX: 406-338-3200