

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 3/10/2020



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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
-

Date: 3/2/2020

To: **Corrina Guardipee-Hall**
 Superintendent

From: **Angela Heavy Runner**
 Title: BMS Principal

Subject: Travel: Trauma Informed Care

Description: Request Racquel Little Plume to attend the Trauma Informed Care using Restorative Practices Train the Trainer in Billings, MT April 20 -22, 2020.

Financial Impact: \$1,040.90

Funding Source (Budget/grant, etc.): 126.50.130.1700.582

Attachment(s): Leave Request/Agenda

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

Comments: _____

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

Trauma Informed Care Using Restorative Practices Train the Trainer – Save the Date
April 20 @ 8:00 am - April 22 @ 5:00 pm

Resolutions Northwest is partnering with Montana Office of Public Instruction to assist with facilitating a gathering where youth, elders, school staff and community members can envision how they want to begin or continue restorative practices in their schools and communities.



APRIL 20 - 22, 2020
NORTHERN HOTEL, BILLINGS MT
TRAUMA INFORMED CARE
USING
RESTORATIVE PRACTICES
TRAIN THE TRAINER

FOR MORE INFORMATION AND TO REGISTER PLEASE CONTACT
STEPHANIE IRON SHOOTER AT
SIRONSHOOTER@MT.GOV OR 406-530-4364

Brought to you by The MT Office of Public Instruction
Substance Abuse Mental Health Service Administration (SAMHSASM80138) funded
Systems of Care Tribal Wraparound Project

[RESOLUTIONS]
NORTHWEST

SAVE THE DATE



BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name: Racquel Little Plume
 Building: Browning Middle School

Employee # 13292
 Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>4/20/2020 - 4/22/2020</u>	<u>36</u>	<u>S/R</u>

Employee Signature _____ Date _____

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	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 _____	SVOP Suspended w/o Pay

(Master Contract Relationship)

***If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Name/Location
 TRAVEL REQUEST. (If receiving payment for EX/SR leave please fill out entire form completely)**

Conference/Workshop Trauma Informed Care Using Restorative Practice Train the Trainer

Location Billings, MT

Departure Date 4/19/2020

Return Date 4/22/20

Departure Time 2:00 pm

Return Time 8:00 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 692 @ .575 = \$397.90

Per Diem 3 days @ \$36 + 1 dinner @ \$15 = \$123.00

<input type="checkbox"/> Registration PO# _____	=\$ 0.00
<input checked="" type="checkbox"/> Hotel PO# _____	=\$ 520.00
<input type="checkbox"/> Other PO# <u>Airfare</u> _____	=\$ 0.00
<input type="checkbox"/> Other PO# <u>Luggage</u> _____	=\$ 0.00

Sub Total = \$1,040.90

Check Total = \$ 520.90

Budget 126.50.130.1700.582 (100%) \$520.90

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____