## **Browning Public Schools Board Agenda Request**

**Recognition:** 

**Information:** 

**Action:** 

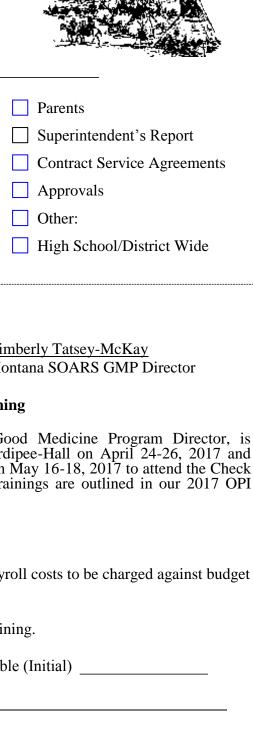
Meeting To Be Held: 03/06/17

Resignation

Travel Out-of-State

Students

Building Report



	☐ Termination ☐ Legal M	latters	Other:		
	This action request pertains to   Element	tary (only	High School/District Wide		
Date:	03/06/17				
То:	John Rouse Superintendent	From: Title:	Kimberly Tatsey-McKay Montana SOARS GMP Director		
Subject: In State Travel- Montana Check and Connect Training					
<b>Description:</b> Kimberly Tatsey-McKay, Montana SOARS Good Medicine Program Director, is recommending in state travel for Jessica Racine, Correna Guardipee-Hall on April 24-26, 2017 and Kimberly Tatsey-Mckay, Billie Jo Juneau and Natasha Siliezar on May 16-18, 2017 to attend the Checand Connect Training in Helena, Montana. The two separate trainings are outlined in our 2017 OF Montana SOARS grant.					
Financial Impact: \$381.46 ea (Total: \$1907.30)					
Funding Source (Budget/grant, etc.): Salaries, benefits, and payroll costs to be charged against budge for respective building/program/grant as applicable.					
Attachment(s): Sample Leave Request, Potential Agenda for training.					
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)					
Commen	its:				
Board A	ction: N/A (Info) Approved	Der	nied Tabled to:		

Staff

Hiring

Old Business

Travel In State

Hello everyone,

Due to the transition to a new superintendent staff, and changes to the contracting process, we've had to make several changes to the dates of trainings because of the contracting delay.

This may negatively or positively impact each of you depending on other activities planned for the school year.

Consultants, please let me know if you can still make this work. I understand if it might be too much.

To Montana SOARS staff – you will have your choice of the two comprehensive trainings. Each training can only hold 30 people, which means that we will need to discuss who is going where on our next call.

The new and final dates are:

April 25-26<sup>th</sup> – Check and Connect Comprehensive Training; for district staff and the four MBI consultant trainers (Helena College)

May 9-11<sup>th</sup> – Trainers only (OPI conference room)

May 17-18 – Check and Connect Comprehensive Training; district staff and MBI Consultant trainers (Helena College)

Please add this to the agenda for our future team call.

Thank you!



Iris Ziegler

School Climate Transformation Coordinator

Montana Office of Public Instruction

Phone: <u>406-444-0923</u>
Website: <u>www.opi.mt.gov</u>
Email: <u>iziegler@mt.gov</u>

## BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

Employee Name	Employee #		
Building	Substitute Name		
LEAVE REPORT			
Date of Leave	Hours	Type of Leave	
4/24/2017	3	SR	
4/25 & 26, 2017	16	SR	
Employee Signature	Date	e	
☐ Approved; Condition upon the spe	ecific leave being available for the speci	fic employee	
Principal/Supervisor			
TYPE OF LEAVE	<b>N</b> 5	17 W 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
AN Annual SL Sick Leave	<ul><li>PL Personal Leave</li><li>JD Jury Duty (attach verification)</li></ul>	ALWO Approved Leave W/O Pay ULWO Unapproved Leave w/o Pay	
*EX/SR Extra-Curricular/School Related		SWP Suspended w/Pay	
	FN Funeral	SWOP Suspended w/o Pay	
	(Master Contract) Relationship)		
*If taking School Related/Extra-Curricular			
TRAVEL REQUEST (If receiving pa	yment for EX/SR leave please fill o	out entire form completely)	
Conformed Workshop Charles and C		(A)(( 1 B ) 1 ( A ) 1 )	
Conference/Workshop Check and Co	omiect Training on April 23-26, 2017	(Attach Brochure/Agenda)	
Location Helena, MT			
<b>Departure Date</b> <u>4/24/2017</u>	<b>Return Date</b> <u>4/26/20</u>	<u>17</u>	
<b>Departure Time</b> 3:00 pm	<b>Return Time</b> 7:00 pt	<u>m</u>	
<b>Transportation:</b> Personal Ve	chicle Mileage 3	44 @ .535/2 =\$ 92.06	
☐ District Veh	ricle <b>Per Diem</b> D15+ B	8 + L 12+D15+B+L+D =\$ 85.00	
☐ Professional	l Development		
	Registrat	ion PO# =\$ 0.00	
	Hotel PO	# 24594 =\$ 205.30	
		=\$ -0.00 -	
		o# =\$ - 0.00 -	
		<b>Sub Total</b> \$381.46	
Budget Montana SOARS Grant (100 %	)	Check Total 176.16	
115.90.465.2213.582.204			
Employee Signature		Date	
D.::	D-4-		
Principal/Supervisor		Date	
Superintendent Signature		Date	