Browning Public Schools Roand Aganda Bagnest

Board Agenda RequestMeeting to Be Held: 04/09/24



Recognit	ion: 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:	04/03/24				
To:	Corrina Guardipee-Hall	From: Be	v Sinclair		
	Superintendent	Title: Di	rector of Alternative Education		
Subject: CSA: Replacement Committee Member-Napi Elementary SLT 2023-2024					
Description: Rebecca Rappold is requesting a CSA for Delora Bearchild as replacement for a previous SLT Committee Member.					
Financial Impact: \$720.00 (per Temporary Employment Compensation Schedule)					
Funding Source (Budget/grant, etc.): 115.90.494.2213.150.234					
Attachment(s): Contract Service Agreement					
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)					
Comments:					
Board Action: N/A (Info) Approved Denied Tabled to:					

Browning Public Schools

CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

Date: <u>04/4/24</u>	Board A	Board Approval: 4/9/24			
Contractor: Delora Bearchild	Phone:				
Address: Box P.O. Box or Street Address	Browning, City	MT State	59417 Zip		
Type of Project/Service (be specific): Contrac	•	ied staff as a S	•		
Contracted Dates: <u>06/04/24 - 06/10/24</u>					
Rate per hour/per day: \$18.00 per hour x 40 ho	urs per week x 1 wee	<u>k</u> =	<u>\$720.00</u>		
Per Diem/per day: x # of Days		=			
Mileage:miles @ per mile		=			
Other costs (explain): Not to exceed total \$ amo	<u>ount</u>	=			
	Total l	Project Cost =	\$720.00		
Contract to be paid from: Independent Contractor:					
115.90.494.2213.150.234	Submit invoice on completion				
	Otl	ner	•		
	Employe	e:			
			through payroll		
The above terms and conditions constitute an a Schools for the contractor to render services, unforeseen problems, this agreement shall be cl	as indicated. In the				
Contractor's Signature	Principal/S	Supervisor			
SSN/Federal ID Number/EIN	Superinter	ndent			
An Independent Contractor must provide Brow License or sign an Independent Contractor's Worker's Compensation Insurance and Unemp	Exemption Applicat	ion Affidavit			
White – Contractor	Ye	llow – Business	Office		