Browning Public Schools Board Agenda Request Meeting To Be Held: 08/20/24					
Recognit	ion: 🗌 Students	Staff		Parents	
Informat	ion: 🗌 Building Report	Old Business		Superintendent's Report	
Action:	Resignation	Hiring	\square	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:	08/15/24				
To:	Board of Trustees Browning Public Schools		From: Title:	<u>Rebecca Rappold</u> Superintendent	

Subject: CSA: New Teacher Orientation Stipends 2024-2025 SY

Description: I am requesting the approval of contact services agreements for the New Teacher Orientation which will occur between August 12-16, 2024. New teachers will be paid at the daily paid rate of \$100 for each of the 5 days of training.

	New Teacher	Amount		
1.	Jasmine Little Plume	\$500.00		
2.	Julius Many Guns	\$500.00		
3.	Leslie Sherman	\$500.00		
4.	Marti Spotted Eagle	\$500.00		
Financial Impact		\$2,000.00		

Funding Source (Budget/grant, etc.): 126.90.100.2213.150 (75%); 226.90.100.2213.150 (25%)

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

Comments: _____

Board Action :	N/A (Info)	Approved	Denied	Tabled to:	
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Browning Public Schools CONTRACT SERVICE AGREEMENT (406) 338-2715 • (406) 338-2708

Date: August 15, 2024	Board Approval: <u>August 20, 2024</u>				
Contractor: Sample CSA	Phone:				
Address:					
P.O. Box or Street Address	City Sta	te	Zip		
Type of Project/Service (be specific): Contractor wi	ll participate in 5 full	days	of professional development		
(August 12-16, 2024) as part of new teacher orientation	from 8:00am to 3:00pm	n. No	partial payment will be made		
for daily partial participation in professional developme	ent under 6 hours in dur	ation			
Contracted Dates: <u>8/12/2024 - 8/16/2024</u>					
Rate per hour/per day: <u>\$100 per day X 5 days</u>		=	<u>\$500.00</u>		
Per Diem/per day: x # of Days		=			
Mileage: miles @ per mile		=			
Other costs (explain): Not to exceed total \$ amount		=			
	Total Project Cost	=	\$500.00		
Contract to be paid from:	Independent Co	ntrac	tor:		
126.90.100.2213.150 (75%)	Submit inv	oice	on completion		
226.90.100.2213.150 (25%)	Other				
	Employee :				
	🔀 Submit tim	eshee	et through payroll		

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

Contractor's	Signature
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Principal/Supervisor

Superintendent

SSN/Federal ID Number/EIN

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White – Contractor

Yellow – Business Office