

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 3/12/19



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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
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Date: 3/6/19

To: **Board of Trustees**
 Browning Public Schools

From: Corrina Guardipee-Hall
Title: Superintendent

Subject: **Out of State Travel "I Teach" (SDE) National Conference**

Description: Request out of state travel to attend "I Teach" professional development in Las Vegas, 7/7/19-7/13/19. ADMIN: Corrina Guardipee, Jeri Matt. KW/VC: Rebecca Rappold, Cheri Show, Ruth Shea, Sheila Grady, Sandi Campbell, Nicole Whitney. BES: Jennifer Wagner, Arlene Wippert, Sheila Hall, Melissa Henderson. NAPI: Sicily Bird, Edith Wagner, Genevieve Brag-Wilson, Anna Armstrong, Andrea Sangray. This equals: 2 staff from admin, 3 Principals, 4 Instructional Coaches, and 8 teachers.

Financial Impact: \$ 55,806.13

Funding Source (Budget/grant, etc.): MCLP Literacy Grant 115.xx.423.2213.582.649

Attachment(s): Travel Request/Agenda

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

Comments: _____

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

**BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request**

Employee Name Sample - Administrator
Building: Admin

Employee # 10725
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>7/8-12/19</u>	<u>40</u>	<u>SR</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 _____ | SWOP 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 SDE National Conference **Attach Brochure/Agenda**

Location Las Vegas, NV

Departure Date 7/7/19

Return Date 7/13/19

Departure Time 11:00 am

Return Time 8:00 p.m.

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 254 ÷ .58/2 = 73.66

Per Diem 5 day OS+LD IS = 567.00

Registration _____ PO# _____ = 976.15
 Hotel _____ PO# _____ = 1344.48
 Other _____ PO# Airfare = 462.60
 Other _____ PO# Luggage = - 0 -

Sub Total 3423.89

Budget MCLP 115.90.423.2213.582.649 (100%) \$640.66

Check Total \$640.66

Employee Signature _____ **Date** _____

Principal/Supervisor _____ **Date** _____

Superintendent Signature _____ **Date** _____

**BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request**

Employee Name Sample- Coach/Teacher
Building _____

Employee # _____
Substitute Name NA

LEAVE REPORT

Date of Leave _____ Hours _____ Type of Leave _____
NA

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 _____ | SWOP 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 SDE National Math Conference Attach Brochure/Agenda

Location Las Vegas, NV

Departure Date 7/7/19

Return Date 7/13/19

Departure Time 11:00 am

Return Time 8:00 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 254 ÷ .58/2 = 73.66

Per Diem 5 day OS+LD IS = 567.00

Registration _____ PO# _____ = 776.15
 Hotel _____ PO# _____ = 1344.48
 Other _____ PO# Airfare = 462.60
 Other _____ PO# Luggage = - 0 -
 Other _____ PO# Luggage = - 0 -

Sub Total 3223.89

Budget MCLP 115.(5,10,20,30).423.2213.582.649 (100%) \$643.66

Check Total \$643.66

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____