

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 10/13/20



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: 8/28/20

To: **Corrina Guardipee-Hall**
 Browning Public Schools

From: Everett Armstrong
Title: Athletic Director

Subject: **In State Travel: Wrestling Classic 2020-2021**

Description: Request travel to attend CMR Holiday Classic Wrestling in Great Falls, MT., 12/18/20 - 12/19/20

Financial Impact: **\$298.53**

Funding Source (Budget/grant, etc.): 226.60.720.3500.582.0000

Attachment(s): Conference Agenda/Travel Request

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

Comments: _____

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



Wrestling

Date	Opponent	Time	Location	Departure	Overnight
11-Nov-20	Winter Sports Meeting	5:00 PM	BHS Cafeteria/Gym		
19-Nov-20	1st Day of Practice				
4-Dec-20	Havre Invite	TBA	Havre MT	TBA	
5-Dec-20	Havre Invite	TBA	Havre MT	TBA	
8-Dec-20	Columbia Falls	TBA	Columbia Falls	TBA	
19-Dec-20	Browning Invite	4:00 Weigh-Ins	BHS Gym		
18-Dec-20	CMR Holiday Classic	TBA	Great Falls MT	TBA	yes
19-Dec-20	CMR Holiday Classic	TBA	Great Falls MT	TBA	
7-Jan-20	Libby	TBA	Libby	TBA	
12-Jan-21	Frenchtown (Ladies Only)	TBA	Frenchtown	TBA	
1/15-16/21	Missoula	TBA	Missoula	TBA	yes
19-Jan-21	Senior Night	4:00 Weigh-Ins	BHS Gym		
25-Jan-20	Lewistown	TBA	Lewistown	24-Jan-20	yes
29-Jan					
30-Jan-21					
4-Feb-21	Divisionals Pep Rally	TBA	Frenchtown	TBA	yes
5-Feb-21	Divisionals Wrestling Divisional	TBA	Frenchtown	TBA	
6-Feb-21	Championships	TBA	Frenchtown	TBA	
11-Feb-21	State Pep Rally	TBA	Billings	TBA	
2/12-13/21	State Wrestling	TBA	Billings		

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name Sample
Building _____

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
12/18/20-12/19/20	_____	SR
_____	_____	_____

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
SL Sick Leave
*EX/SR Extra-Curricular/School Related

PL Personal Leave
JD Jury Duty (attach verification)
NG National Guard
FN Funeral _____

ALWO Approved Leave W/O Pay
ULWO Unapproved Leave w/o Pay
SWP Suspended w/Pay
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 CMR Holiday Classic - Wrestling **Attach Brochure/Agenda**

Location Great Falls MT.

Departure Date 12/18/20

Return Date 12/19/20

Departure Time 7:00 p.m.

Return Time 8:00 p.m.

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage 254@ .575=\$146.05

Per Diem 1 dy=\$36.00

☐ Registration PO# _____ = _____
☒ Hotel PO# _____ =\$116.48
☐ Other PO# _____ = _____
☐ Other PO# _____ = _____

Sub Total \$298.53

Budget 226.60.720.3500.582 (Activities) (100%) \$182.05
(75/25%)

Check Total \$182.05

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____