

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 07/02/24



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: 07/23/24

To: Board of Trustees
 Browning Public Schools

From: Rebecca Rappold
Title: Superintendent

Subject: **Contract Service Agreement: Speech-Language Pathologist 2024-2025**

Description: Recommend Barbara Finnell to provide Speech/Language Pathology Services from 7/31/24 to 8/10/24.

Financial Impact: \$ \$453.20

Funding Source (Budget/grant, etc.): 115.90.787.1700.320

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: July 23, 2024

Board Approval: July 31, 2024

Contractor: Barbara Finnell

Phone: 406-356-6678

Address: 5402 62nd Street City: Camrose, AB State: Canada Zip: T4V 4H3

Type of Project/Service (be specific): The Speech/Language Pathologist will provide speech/language tele-therapy services to include but will not be limited to testing, identification, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

Contracted Dates: 07/31/24 to 08/10/24

Rate per hour/per day: \$56.65 x up to 8 hrs _____ = \$453.20

Per Diem/per day: _____ x _____ # of Days = _____

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): Not to exceed total \$ amount = \$453.20

Total Project Cost = **\$453.20**

Contract to be paid from:

115.90.787.1700.320

Independent Contractor:

Submit invoice Monthly

Other _____

Employee:

Submit timesheet 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

Principal/Supervisor

N/A

Federal ID Number/EIN

Superintendent

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