**Decision Paper**

**To:** Nelson County Board of Education **From:** Tim Beck, Director of Student Support **cc:** Dr. Anthony Orr, Superintendent **Date:** August 18, 2015

**Re:** Leaves of Absence

**RECOMMENDATION:** Approve request for the below listed Leaves of Absence.

**RECOMMENDED MOTION:** I move that the Nelson County Board of Education Approve the requested Leaves of Absences as presented.

**Medical Leave**:

Classified Employee: BES Food Services District Bus Driver District Account Clerk

Certified Employee: None

**Maternity/Paternity Leave:**

Classified Employee: None

Certified Employee: NH Teacher