HALL COUNTY SCHOOL SYSTEM SUBSTITUTE TEACHER/PARAPRO/NURSE/ COMPUTER LAB & **MEDIA CLERK PAYROLL CALENDAR**

FY 19

ALL DATES	ARE SUBJ	JECT TO	CHANGE
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ALL DATES ARE SUBJECT TO CHANGE								
SUBSTITUTE TEAC	HER/		DATE DUE					
PARAPRO			IN	P.	AYDATE			
PAY PERIOD	1		PAYROLL**					
07/25/18 - 08/			08/13/18	30	3/31/18			
08/13/18 - 09/07/18			09/10/18	09/28/18				
				33, 23, 13				
09/10/18 - 10/05/18			10/10/18	10/31/18				
03/10/10 10/03/10				10,01,10				
10/10/18 – 11/02/18			11/05/18	11/16/18				
10/10/10 11/02/10								
11/05/18 – 11/16/18			11/26/18	12/17/18				
11/33/13								
11/26/18 - 01/04/19			01/07/19	01/25/19				
1 1/25/15 6 1/6 1/16				0.1.20.10				
01/07/19 - 02/08/19			02/11/19	02/28/19				
02/11/19 - 03/08/19		03/11/19	03/29/19					
03/11/19 - 03	/29/19		04/08/19	04	4/30/19			
04/08/19 - 05/03/19			05/06/19	05/31/19				
05/06/19 - 05	/29/19		05/30/19	06	6/28/19			
** Employee Leave Entries On AS/400 Should Be Made Daily.								
SUBSTITUTE TEACHER PAY PARAPRO/NURSE F					NURSE PAY			
**Substitute rate when subbing for a certified position only Substitute must have a Professional Georgia Certificate to receive Long-Term Cert Rate								
**REGULAR *	*LONG-TERM	**LONG-TE	RM CERT	PARAPRO	NURSE			
Full Day \$70.00	\$81.00	\$134.00	I CIVI OLIVI	\$64.00	\$117.00			
3/4 52.50	60.00	100.00		48.00	88.00			
1/2 35.00	44.00	68.00		32.00	58.50			
1/4 17.50	23.00	34.00		16.00	29.25			
OD ED CUDOTITUTE TEAC		O DAY (l l l	- EDD MID MOI	D OID DID I A	D 4\			
SP ED SUBSTITUTE TEAC TEACHER	PARAPRO	O PAY (Include	S EBD,MID,MOII	D,SID,PID and A	ABA)			
Full Day \$80.00	\$70.00							
3/4 60.00	52.50							
1/2 40.00	35.00							
1/4 20.00	17.50							
SUBSTITUTE COMPUTER LAB & MEDIA CLERK PAY								
Substitutes in the above mentioned categories receive the Temp. Help rate of \$9.00/hr. Sub pay								
calculations are as follows:								
8 hrs. \$72.00								
7 hrs. \$63.00								
6 hrs. \$54.00								

\$ 9.00 Note: If you are completing an invoice/sheet for sub reimbursement, please include the sub pay plus the 7.65% for FICA & Medicare benefits. A copy of the form should be sent to Julie Preston.

5 hrs.

4 hrs.

3 hrs.

2 hrs.

\$45.00

\$36.00

\$27.00 \$18.00