

PHEAA State Work-Study Time Report

Employer Name _____

Employer Code _____ Department Code (if applicable) _____

Department Name (if applicable) _____

Telephone Number (_____) _____ - _____

Indicate which term this time report is for by checking the appropriate response:

Summer Term Hours

Academic Year Hours

Weekly Work Dates (Cannot Exceed Seven Days):

Begin Date: ____/____/____ (Sunday)

End Date: ____/____/____ (Saturday)

SS#	STUDENT NAME	TOTAL HOURS WORKED DURING WORK WEEK LISTED (Not To Exceed Student's Approved Weekly Hours)*

Please note: hours worked must be submitted on a weekly basis from Sunday through the following Saturday. Also, all information must be received by PHEAA within 31 days from the weekly work end date. Hours worked received by PHEAA more than 31 days from the weekly work end date will be considered late and your organization will not be reimbursed for late hours.

I hereby certify that the hours worked reported for the above listed student(s) are correct.

Name (please print) _____

Signature _____ Date _____

Please return to: Pennsylvania Higher Education Assistance Agency
Work-Study Programs
P.O. Box 8114
Harrisburg, PA 17105-8114

* Students approved for Holiday Work may work 40 hours per week during the time period from December 15 to January 15.

DS