STATE WORK-STUDY PROGRAM (SWSP)

WEEKLY TIME REPORT

PHEAA
Pennsylvania Higher Education Assistance Agency

EMPLOYER NAME _____ EMPLOYER CODE _____

DEPARTMENT NAME (if applicable) _____ DEPARTMENT CODE (if applicable) _____

PHONE _____ EMAIL _____

TERM BEING REPORTED: ◯ Academic Year ◯ Summer Term

WEEK BEGIN DATE - SUNDAY (mm/dd/yy) _____ WEEK END DATE - SATURDAY (mm/dd/yy) _____

SS#	STUDENT NAME	TOTAL HOURS WORKED

Please note that you must submit hours on a weekly basis from Sunday through the following Saturday, and a student's total hours worked may not exceed their approved weekly hours. All information must be received by PHEAA within 60 days from the weekly work end date. **Hours worked received by PHEAA more than 60 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 students listed above are correct.

EMPLOYER NAME (please print) _____

SIGNATURE _____ DATE _____

Please return via fax to **717-720-3786**; via email to **swsp@pheaa.org**; or via mail to:

PHEAA
State Work-Study Program
P.O. Box 8157
Harrisburg, PA 17105-8157