

PHEAA STATE WORK-STUDY PROGRAM (SWSP) APPEAL INSTRUCTIONS



You may submit the attached PHEAA State Work-Study Program (SWSP) Appeal Form if you wish to have a decision further reviewed. The Appeal Form will be evaluated by a Work-Study Specialist upon receipt. Once a decision has been made, you will be notified of the decision by email. Please review the sections below for instructions on how to complete the Appeal Form or contact us by email at swsp@pheaa.org for further assistance.

Please complete the Appeal Form carefully, using the checklist below as a guide.

SECTION 1:

- Supply your institution's identification and demographic information.

SECTION 2:

- Indicate the year and term that you are appealing.

SECTION 3:

- Select the subject that you are appealing.
- Provide a detailed appeal explanation.
- Specify the impacted students' names and Social Security Numbers (SSN).

SECTION 4:

- Write your name and title and sign and date the form.
- Attach supporting documentation (i.e. Time Report, application, etc.).
- Return the Appeal Form and attachments via email, fax or mail. Please do not return this instruction page with your Appeal Form.

Email: swsp@pheaa.org

Fax: 717.720.3786

Mail: PHEAA
State Work-Study Program (SWSP)
P.O. Box 8157
Harrisburg, PA 17105-8157

PHEAA STATE WORK-STUDY PROGRAM (SWSP)

APPEAL FORM



SECTION 1

Employer Name:	
Employer Code:	Branch Code (if applicable):
Department Name (if applicable):	Department Code (if applicable):
Telephone Number (required):	Email Address (required):

SECTION 2

Indicate Year (i.e. 2013/14): _____ Select Term: Summer Academic Year

SECTION 3

Select the subject that you wish to appeal by checking the appropriate response:

Student Work Start Date Late Submission of Time Report
 Student Pay Rate Late Submission of Application
 Other

Appeal Reason/Description (attach a letter if additional space is needed):

Student(s) Impacted (attach a list if additional space is needed):

Name	SSN#
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 4

I hereby certify that the appeal reason reported on this form is accurate.

Name (please print):	Title (please print):
Signature:	Date:

PHEAA reserves the right to approve or deny appeals.

Staff Review Result: Approved Denied Incomplete