

PHEAA Work-Study Earnings Report

Organization Name _____

Organization Code _____ Department Code (if applicable) _____

Department Name (if applicable) _____

Telephone Number (_____) _____ - _____

1. Indicate which program this earnings report is for by checking the appropriate program:

Community Service

State Work-Study

**Technology Work Experience
Internship Program**

Stackpole-Hall Jobs Program

2. Indicate which term(s) this earnings report is for by checking the appropriate term(s):

Summer Term Earnings

Academic Year Earnings

3. Payroll Beginning Date ____/____/____

Payroll Ending Date ____/____/____

SS#	STUDENT NAME	GROSS EARNINGS FOR PAYROLL DATE LISTED	CHECK HERE IF LAST PAYROLL FOR STUDENT

I hereby certify that the total gross earnings 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