

Employer Verification Form- This form presents the “Scholar Employment Form” to the employer(s) listed by the scholar. The form provides options to “agree” or “disagree” with the answers provided by the scholar about their employment. If an employer disagrees with any items on Page 2, a third page will give the employer the opportunity to provide the correct answer with an explanation.

Employment Verification

Rules of Behavior for Department of Education-Sponsored Website

The Rehabilitation Services Administration (RSA) Payback Information System (PIMS) is an online data collection system designed to facilitate administration of the Rehabilitation Long-Term Training (RLTT) Program, in the Rehabilitation Services Administration, Training Programs Unit at the US Department of Education. This system collects contact information, education training, funding, and employment from participating scholars to verify the fulfillment of their service obligation and assess program performance. Verifying service obligation requires collecting personally identifying information from universities, scholars, and employers. This data collection has been authorized by the Rehabilitation Act of 1973, as amended (Rehabilitation Act) and the Government Performance and Results Act of 1993, section 4.

Users of the PIMS must agree to certain conditions and agree to act to insure the accuracy and confidentiality of the information stored by the PIMS.

Employers using this system agree to:

- Maintain the confidentiality of requested employment information about scholars;
- Maintain control of secure links by adhering to workplace security safeguards; and
- Verify scholar employment within 30 days of the annual notification e-mail from PIMS.

I agree to the terms.

OMB Paperwork Reduction Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory per the Rehabilitation Act of 1973, as amended (Rehabilitation Act) and its associated regulations 34 CFR 386.40. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0617. Note: Please do not return the completed Scholar Training and Employment Record application to this address.

OMB Control Number: 1820-0617

Expiration: Need Expiration Date

Employment Verification Page 1

Welcome to the Rehabilitation Services Administration (RSA) Payback Information Management System (PIMS). The scholar listed below accepted a scholarship from a grant awarded to a university by the U.S. Department of Education, Rehabilitation Services Administration (RSA), Training Programs Unit. Acceptance of the scholarship includes a service obligation requirement of two years of eligible employment for each year of financial support. Scholars are required to provide PIMS with annual updates about their employment in order for PIMS to track the fulfillment of their service obligation. For scholars to receive service obligation credit, their employment must be verified by an employer. Additional information about PIMS and the service obligation is available on the PIMS website at <https://pdp.ed.gov/RSA>.

Please take a moment to verify the accuracy or to correct any inaccuracies of the information provided by the scholar. We anticipate that the survey will take no longer than 10 minutes to complete. Your session will timeout after 30 minutes of inactivity and the information entered will not be saved.

Do NOT use your internet browser's back button during this process. Thank you for taking the time to provide this information.

Employee Name: Carl Banks

EMPLOYER INFORMATION:

Employer's Name:* (e.g., name of school district, name of government agency)

Department Name: (e.g., school name, government department)

Employer's Address

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Phone: *

Fax:

TTY:

Please provide the Employer's website address and ensure it includes the prefix "http://".

SUPERVISOR INFORMATION:

Please provide the name of a supervisor at this job who can verify this employment information.

First Name: *

Last Name: *

Supervisor's Business Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone:

Mobile Phone:

E-mail: *

Verify E-mail: *

Alternate E-mail:

Verify Alt. E-mail:

Fax:

TTY:

HUMAN RESOURCE OFFICIAL INFORMATION:

Please provide the name of a human resource official at this job who can verify this employment information.

First Name:

Last Name:

Human Resource Official's Business Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone:

Mobile Phone:

E-mail:*

Verify E-mail: *

Alternate E-mail:

Verify Alt. E-mail:

Fax:

TTY:

Title and name of person completing this form: *

Submit >>

Employment Verification Page 2

Please review the information below.

Please select whether you AGREE or DISAGREE with the scholar's response to each question, provide a response to item #6, then click the **Submit** button at the bottom of the page. If you disagreed with the scholar's response to any question you will have the opportunity to describe the reason for your disagreement on the following page. An Employment Dispute Report will be sent to the scholar, and he or she will have the opportunity to revise and resubmit the employment information for verification based on your changes.

Employee Name: Carl Banks

*1. What type of organization is this?

Agree Disagree

Scholar's Answer:

Qualified Nonprofit

*2. Was the scholar employed from 2/1/2019 to 2/20/2019?

Agree Disagree

PLEASE NOTE: We understand that scholars may have begun employment prior to the date listed here. However, according to program regulations, scholars may begin work in eligible employment once the scholar exits or graduates. Therefore, the date indicated above reflects only that employment that began after the scholar's exit or graduation from his/her program of study. Please verify that the scholar was employed during the dates listed above.

*3. What is the scholar's job title?

Agree Disagree

Scholar's Answer:

Rehabilitation Services Coordinator

*5a. Is/was this full time or part time employment (Full time as defined by you the employer and must be 35 hours or more per week)? Agree Disagree

Scholar's Answer: Full-Time

This question is confidential and will not be shared with the scholar.

*6. At this time, would you rate the scholar's level of effectiveness in ensuring clients are placed in competitive integrated employment as:

Scholar's Answer:
<input type="radio"/> Effective <input type="radio"/> Less than effective <input type="radio"/> Ineffective <input type="radio"/> Not rated for this position <input type="radio"/> Choose not to respond

If you checked DISAGREE next to any of the scholar's responses, please describe the reason for your disagreement on the following page. Please include what you believe to be the correct response. An Employment Dispute Report will be provided to the scholar, and he or she will have the opportunity to revise and resubmit the employment information for verification based on your changes.

I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined in an amount not less than \$5,000 and not greater than \$10,000, plus 3 times the amount of damages the Government sustains due to my false statement. - False Claims Act, 31 USC § 3729.

Submit >>

Employment Verification Page 3

Below is a list of the scholar's responses which you disputed on the previous page. Please explain the reason for your disagreement to the answers below in the comment box that corresponds to that question. Once you are done, please click the "Submit" button. Note that your responses will be provided to the scholar, and he or she will have the opportunity to accept your changes or revise and resubmit for verification.

1. What type of organization is this?

Scholar's Answer:	Employer Answer:
Qualified Nonprofit	<input type="radio"/> Qualified Nonprofit <input type="radio"/> Private Rehabilitation <input type="radio"/> Veterans Affairs <input type="radio"/> Community Rehabilitation <input type="radio"/> Qualified Federal Government Agency <input type="radio"/> State Voc Rehab Agency <input type="radio"/> Other, please specify
Explanation:	

2. When did the scholar begin his or her employment in this position? (mm/dd/yyyy)

Scholar's Answer:	2/1/2019	Employer Answer:	No; Employment started on
Explanation:			

When did the scholar end their employment in this position? (mm/dd/yyyy)

Scholar's Answer:		Employer Answer:	
Explanation:			

3. What is the scholar's job title?

Scholar's Answer:	Rehabilitation Services Coordinator
Employer Answer:	
Explanation:	

4. Description of scholar's duties.

Scholar's Answer:	Description of Duties
Employer Answer:	
Explanation:	

5a. Is/was this full time or part time employment (Full time as defined by you the employer and must be 35 hours or more per week)?

Scholar's Answer:	Full-Time	Employer Answer:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Explanation:			

Submit