

Scholar Main Menu- This menu shows the items presented on the main menu of the scholar's account. The data presented is pulled from the information entered by the grantee into the scholar record. Scholars will be required to answer items on this menu and to complete an employment form that can also be accessed from this menu.

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Scholar Main Menu

Welcome, Myriell McKinnon (MyriellMcKinnon@westat.com)

Viewing ID: 1502

The pre-filled information contained in this record was taken from the scholarship application you completed and submitted to the university that funded your program of study as a RSA scholar. The information was added in the PIMS by the Project Director (also referred to as grantee) at the university, who has responsibility for managing the grant that was funded by the U.S. Department of Education. If there are corrections or changes to the pre-filled information, you are required to enter the updated information in the spaces provided.

To edit the information below, click on the Edit My Information link. To change your password, click on the Change My Password link. For security reasons, you do not have permission rights to change your name or social security number. Instead, you must contact the PIMS Help Desk at 1-800-832-8142 or send an email to RLTTHelpDesk@ed.gov to request assistance.

If you are within your grace period and have no employment to report, go to Section F below and check "I am within my grace period or do not have changes to my employment at this time."

Please Note: A warning message will appear after 25 minutes of inactivity. You will be logged out of the system after 30 minutes of inactivity.

Repayment Control Number: N/A

Scholar ID: 1502

A. IDENTIFYING INFORMATION

[Edit Scholar's Information](#)

* First Name: Carl	Middle Name:	* Last Name: Banks
Maiden Name, if applicable:	* Social Security Number: ***-**-0127	Date of Birth:
* Primary E-mail Address: (Do not use a university email address) pbarlow+rsaS1275@anlar.com	* Verify Primary E-mail Address: (Do not use a university email address) pbarlow+rsaS1275@anlar.com	
Alternate E-mail Address:	Verify Alternate E-mail Address:	

B. CONTACT INFORMATION

Permanent Address

* Address:

Address Line 2:

sdf

* City:

* State:

* Zip Code:

sdfs

California

11111

* Phone:

Cell Phone:

(111) 111-1111

Secondary Address

Address:

Address Line 2:

City:

State:

Zip Code:

Other Phone:

Fax:

C. ALTERNATE CONTACT INFORMATION

In case of an emergency, please provide an Alternate Point of Contact.

First Name:

Last Name:

Email Address:

Verify Email Address:

Address:

Address Line 2:

City:

State:

Zip Code:

Home Phone:

Other Phone:

Please review and verify the information in Sections A, B, and C. Check the box below if there have been no changes in the last six months.

I have reviewed the information in Sections A, B, and C and it is still current.

Grant #1 Brookdale CC Head Start

Grant:TEST0121254 [Admin Info](#)

D1. TRAINING PROGRAM

Please review and verify that the pre-filled information is correct. If corrections are needed, please contact the [Project Director](#) at your university. Also you must contact the PIMS Help Desk at 1-800-832-8142 or via email at RLTTHelpDesk@ed.gov so that a ticket can be created concerning this matter. The Project Director must contact PIMS to edit your record.

Name of University: Brookdale CC	Project Title: Head Start	Grant Number: TEST0121254
Exit/Completion Date: 1/2/2019	Did scholar complete one academic year or more in duration?: Yes	
Date Record Created by University: 12/7/2018	Date of Last University Update: 2/19/2019	

EDUCATION INFORMATION

Degree(s) or certificate(s) you received as a result of completing this grant-supported training:

- None

PROGRAM COMPLETION

Have you completed/graduated from this program (the program from which you had previously received funding from your university through an RSA grant)?

Yes

No

Submit Grant #1

E1. SERVICE OBLIGATION STATUS

The service obligation information below is current as of your university's last update on 2/19/2019. The totals will increase if you are currently receiving funding or you receive additional funding prior to the completion of your program. When you complete or exit the program, the Project Director will update your record with your final service obligation details. If you have questions regarding this information, please contact the Project Director at your university.

Accumulated Academic Years of Funding:	1.5	Total Funding Received:	\$0
Total Service Obligation Owed:	36 months	Total Grace Period Provided per Program Regulations:	1 months
		Remaining Grace Period:	months
Program Completion Status:	Exited without Completion	Service Obligation Status:	Exception
Total Service Obligation Fulfilled to Date (if applicable):	0 months	Remaining Service Obligation:	36 months
Total Time Remaining for Completion of Service Obligation:	35 months	Remaining Amount of Funding Owed:	\$0.00
		Date by Which Service Obligation Must be Completed:	

Click [here](#) to view a copy of your Payback Agreement.

Click [here](#) to view a copy of your Exit Certification.

VERIFY SERVICE OBLIGATION DETAILS

I certify that the service obligation details entered by my university are correct.

I disagree with the service obligation details entered by my university and will contact the Project Director and the PIMS Help Desk at 1-800-832-8142 or RLTTHelpDesk@ed.gov

Submit Grant #1

F. ELIGIBLE EMPLOYMENT

[View/Edit Employers](#)

[Add New Employment Record](#)

[View All Employment Records](#)

Eligible employment performed on a part-time or full-time basis with compensation must: 1) be in a State vocational rehabilitation agency or related agency; and, 2) in the field of study for which training was received or where the field of study is directly relevant to the job functions performed. Only eligible employment records can be submitted for university approval and employer verification.

Once you have submitted an employment record, it will be sent by PIMS to the Project Director at your university for approval. Once it has been approved and deemed by your university as eligible employment it will be sent to your employer for verification. Once it has been verified by your employer, credit will be applied to your total service obligation fulfilled to date.

Your employer will have 30 days from the date your Project Director approves the employment to verify or dispute the information in the record. For more information on disputed records, click on the "View All Employment Records" link.

You cannot update your current employment record until your employer verifies, disputes the record, or the 30-day verification window expires. Past employment records cannot be edited once submitted unless your employer disputes the record. If your current, full-time position becomes part-time, you must add an end date to the current full-time record and create a new record for the part-time position.

To update your current employment record, click on the "Update Current Employment" link or on the name of your current employer.

REMINDER: The scholar is responsible for employer verification of eligible employment.

CURRENT OR MOST RECENT EMPLOYMENT

REPORTING REQUIREMENTS

As a scholar, you are required to update PIMS with your contact and employment information every 6 months. You will receive automated reminder emails from PIMS and/or phone calls from the PIMS Help Desk reminding you to add an employment record or update your current employment record.

If you are within your two-year grace period or in an approved RSA deferment status and you are not working, or you have no changes to your employment, you must click the check box below. Otherwise you must enter employment information.

I am within my grace period or do not have changes to my employment at this time. [Update](#) Last Updated:

Scholar Employment Form- This form shows the information that is requested about the scholar's employment. The form is completed by the scholar and once submitted, grant personnel will review and approve or disapprove the position as eligible employment for service obligation fulfillment. If the grant personnel approve the employment as eligible, an email with a link to the form is sent to the supervisor/human resource contact for review and verification.

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EMPLOYMENT INFORMATION

The questions relating to your employment affect your service obligation fulfillment status. You must answer every question to the best of your ability. Providing information that you know to be false may be punishable by law (False Claims Act, 31 USC § 3729).

EMPLOYER INFORMATION

You must provide the name, address, and phone number of the employer organization for this position. You must list at least one supervisor or human resources official who can verify your employment and provide his or her e-mail address. You will be asked on the next page to indicate which person should be sent your employment record for verification. Lastly, you must indicate the type of employer organization for this employment position. Required items are marked with an asterisk.

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

Department Name:
(e.g., name of department or office)

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

Please provide the name of a supervisor 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:

Email:

Verify Email:

Alternate Email:

Verify Alt. Email:

Fax:

TTY:

HUMAN RESOURCE OFFICIAL

Please provide the name of a human resources official who can verify this employment information.

First Name:

Last Name:

Human Resource Official Business Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone:

Mobile Phone:

Email:

Verify Email:

Alternate Email:

Verify Alt. Email:

Fax:

TTY:

ORGANIZATION TYPE

What type of organization is this? *

- Qualified Nonprofit
- Private Rehabilitation
- Veterans Affairs
- Community Rehabilitation
- Qualified Federal Government Agency
- State Voc Rehab Agency
- Other, please specify

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EMPLOYMENT INFORMATION

Your employer will have 30 days from the date your university approves your employment to verify or dispute your employment information for this position. You will receive credit for current employment up to the date of last update. Note that according to program Regulations §386.40(a)(7) you are not eligible to receive credit for work completed prior to the date of exiting or graduating from your program of study. The work completed as part of an internship, practicum, or any other work-related requirement necessary to complete the educational program is not considered qualifying employment. Volunteer work is not considered qualifying employment as well.

To save a record for later completion, please click the Save For Later button at the bottom of the page.

Please note that you cannot update your current employment record until your employer verifies or disputes the record or the 30-day verification window expires. Past employment records cannot be edited once submitted unless your employer disputes the record.

1. * Is this your current employment? Yes

No

* When did this job begin?

When did this job end?

Please note: According to program regulations, scholars may be credited for work in eligible employment following only after exiting or completing training. This means the system will not accept a start date prior to the date of exit from the training 1/2/2019 .

2. * What is your job title

3. * Provide description of your duties

4. * Is this a full or part time position?

Full time (As defined by your Employer and must be 35 hours or more per week)

Part time

If this employment is part-time, on average, how many hours do you work per week at this job?

5. *Is this position voluntary?

Yes

No

6. *Is this position the result of an internship you completed as part of the RSA grant-supported training?

Yes

No

7. * Please select the Supervisor or Human Resource Official to whom you wish to send this information for verification (Select at least one).

Employer Name (employerEmail@organization.com)

I certify that the information provided herein is true and accurate 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.

Save and Submit

Save for Later