



Office of Special Education Programs Personnel Development Program Data Collection System (PDPDCS)

Screenshots of Scholar Main Menu and Employment Forms as Viewed by a Scholar

This document depicts the screens a scholar will see as they navigate the Scholar Main Menu, Employment Record Form, and Deferral or Exception Request page within the PDPDCS. Since these pages are not accessible to grantees, this resource was created to help both scholars and grantees understand the scholar-specific interface. All data shown in the images is fictional and is provided solely to illustrate how to complete the forms.

If you have any questions about this resource or need help accessing the PDPDCS, please contact the Help Desk at serviceobligation@ed.gov or 1-800-285-6276. Staff are available from 8:00 AM – 8:00 PM Eastern Time, Monday – Friday.

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Scholar Main Menu

Figure 1. Scholar Main Menu and Digital Agreements

MAIN MENU | PDPDCS HELPDESK | LOGOUT

Scholar Main Menu

Welcome, Big Bird (mbloom+bb@anlar.com)
Last Login: 3/12/2025 7:14:54 PM

The information contained in this record was added by the Institution of Higher Education (IHE) at which you received your funded training. You are required to provide the PDPDCS with up-to-date contact information. 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 must contact PDPDCS at 1-800-285-6276 or serviceobligation@ed.gov to change your name and Social Security Number.

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

SCHOLAR DIGITAL AGREEMENTS

This section lists your agreement(s) that are either pending further action, indicated with an alert icon, or that have been approved and finalized. Click 'View' in the Agreement column to navigate to an agreement awaiting your review or feedback. Approved and signed agreements are available for download in PDF format.



Grant Number	Agreement	Status	Date Last Modified
T456T190001	Pre-Scholarship Agreement - Download 	Approved	6/12/2023
T456T190001	Exit Certification - View	Pending Scholar Signature 	8/7/2024

Figure 2. Notice of Intent Banner (*only visible for completed/graduated scholars*)

Notice of Intent (MUST BE COMPLETED WITHIN 30 DAYS OF PROGRAM EXIT) - Click here to indicate your intent to complete the service obligation or cash payback requirement. Please continue to update your selection every 6 months or as needed until your obligation is fulfilled.

Figure 3. Section A. Identifying Information

A. IDENTIFYING INFORMATION

Change My Password | Edit My Information

Name: Big Bird

Scholar last login: 3/12/2025 7:15:03 PM

* First Name:

Middle Name:

* Last Name:

Big

Bird

Maiden Name, if applicable:

* Social Security Number:

Date of Birth:

***-**-5615

6/12/1989

* Primary E-mail Address:

* Verify Primary E-mail Address:

mbloom+bb@anlar.com

mbloom+bb@anlar.com

bigbird@sesame.com

Alternate E-mail Address:

Verify Alternate E-mail Address:



Figure 4. Section B. Contact Information

B. CONTACT INFORMATION		
Permanent Address		
* Address:	Address Line 2:	
123 Main Street		
* City:	* State:	* Zip Code:
Sesame Street	District of Columbia	12345
* Phone:	Cell Phone:	
(546) 411-6515		
Secondary Address		
Address:	Address Line 2:	
City:	State:	Zip Code:
Other Phone:	Fax:	

Figure 5. Section C. Alternate Contact Information

C. ALTERNATE CONTACT INFORMATION		
First Name:	Last Name:	
Oscar	Grouch	
Email Address:	Verify Email Address:	
<input type="text" value="oscar@sesame.com"/>	<input type="text" value="oscar@sesame.com"/>	
Address:	Address Line 2:	
456 Main Street		
City:	State:	Zip Code:
Sesame Street	District of Columbia	87489
Home Phone:	Other Phone:	
(456) 156-1651	(541) 654-1561	



Figure 6. Section D. Grant Training Program

Grant #1 Michelle's Test University Developing Personnel		Grant: T456T190001
D1. TRAINING PROGRAM		
Please verify that the information provided by your Institution of Higher Education (IHE) is correct. If any of the items do not match your records, please contact your IHE. We also encourage you to contact PDPDCS at 1-800-285-6276 or serviceobligation@ed.gov so that a ticket can be created concerning this matter. Your IHE may have to contact PDPDCS to edit your record.		
IHE: Michelle's Test University	Project Title: Developing Personnel	Grant Number: T456T190001
Exit/Completion Date: 7/31/2024		Date of Completion of One Academic Year: 1/1/2022
Date Record Created by IHE: 6/12/2023		
EDUCATION INFORMATION		
1. Degree(s) or certificate(s) or endorsement(s) you held when you entered this grant-supported training:		
<ul style="list-style-type: none"> Bachelor's Degree 		
2. Degree(s) or certificate(s) or endorsement(s) you received as a result of completing this grant-supported training:		
<ul style="list-style-type: none"> None 		
TRAINING AREAS		
1. Training area(s) that best describes the focus of your degree(s):		
<ul style="list-style-type: none"> Teaching of Visual Impairments (TVI) Orientation & Mobility 		

Figure 7. Section E. Service Obligation Status

E1. SERVICE OBLIGATION STATUS			
The service obligation information below is current as of your IHE's last update on . These totals are expected to increase if you are currently receiving funding or expect to receive more funding prior to the completion of your program; therefore this may not be your final service obligation in months and dollars. When you complete or exit the program, your IHE will update your record with your final service obligation details. If you have questions regarding this information, please contact your IHE.			
Accumulated Academic Years of Funding:	2.5	Total Funding Received:	\$6,000.00
Total Service Obligation Owed:	60 months	Total Grace Period Provided per Program Requirements/Regulations:	60 months
Program Completion Status:	Graduated/Completed	Service Obligation Status:	Fulfillment in Progress
Total Service Obligation Fulfilled to Date (if applicable):	13 months	Remaining Service Obligation:	47 months
Total Time Remaining for Completion of Service Obligation:	99 months	Remaining Amount of Funding Owed:	\$4,700.00
		Date by Which Service Obligation Must be Completed:	6/13/2033
Click here to view a copy of your pre-scholarship agreement.			



Figure 8. Notice of Intent Question*

Notice of Intent [MUST BE COMPLETED WITHIN 30 DAYS OF PROGRAM COMPLETION]

Select one option below to indicate your intent to complete the service obligation or monetary repayment requirement. Please continue to update your selection every 6 months or as needed until your obligation is fulfilled.

☒ **I have graduated and/or completed at least one academic year of my program and will fulfill my obligation through service. I understand by selecting this option I agree to report my employment information in Section F. and have it verified, every 6 months until my service obligation has been fulfilled.**

☐ I have submitted employment and it has been verified.

☐ My current employment has not been verified by my employer. I will follow up with my employer or resubmit the record if it has been over 30 days since the date of submission.

☐ I have accepted an offer of employment that meets the criteria for eligible employment outlined in PDPDCS FAQ 8. I will submit that employment in the PDPDCS once my employment begins.

☐ I have not yet submitted my current employment but will do so in the next 30 days. I understand that if the PDPDCS does not receive regular employment status reports, I will be referred to ED for repayment. I have reviewed PDPDCS FAQ 22.

☐ **I am not currently fulfilling my obligation through service.**
I understand that if the PDPDCS does not receive regular employment submissions, I will be referred to the U.S. Department of Education for monetary repayment. I have reviewed PDPDCS FAQ 22.

☐ **I am submitting a deferral or exception request.**
I understand by selecting this option, I will need to provide the information in Section G. below. I have reviewed PDPDCS FAQs 24-26.

☐ **I elect to repay my obligation through monetary repayment.**
I understand by selecting this option, I am electing to enter monetary repayment. Subsequently, I will be referred to the U.S. Department of Education's Accounts Receivable Bank Management Division (ARBMD) for processing.

*For more information about this section, please see the [Notice of Intent FAQ Resource](#).

Figure 9. Section F. Eligible Employment

F. ELIGIBLE EMPLOYMENT

[View/Edit Employers](#)
[Add New Employment Record](#)
[View All Employment Records](#)

Eligible employment must: 1) fulfill at least one of the requirements listed in §304.30(e) of the 2006 Program Regulations; 2) provide compensation; and 3) if serving children, the children served must fall under the definition of eligible children as described in IDEA 2004 Sec. 602(3).

Only eligible employment records can be submitted for employer verification. You will receive an error message if the position is not eligible. See FAQ 8 for more information on eligible employment.

Once you have submitted an employment record, PDPDCS will auto-generate an email to your employer requesting verification. Your employer will have 30 days from the date of submission to verify or dispute the information in the record. You cannot update your current employment record during your employer's 30-day verification period. You may contact the PDPDCS Help Desk for assistance if changes are needed.

If your employment was disputed, you will be notified via email by PDPDCS. For information on why your employment was disputed, select the "View All Employment Records" link located in Section F., then select the "Disputed" link found within the Employment Status column next to the employment record in question.

Once your employer has verified your employment record, you will be notified via email by PDPDCS and credit will be applied to your total service obligation fulfilled to date. **Credit will not continue to be applied beyond the date of your employer's last verification.** To update your service obligation to the current date, you must resubmit the employment record to your employer for another verification. We recommend updating and resubmitting your employment information every 6 months until your obligation has been fulfilled.

To update your current employment record prior to submitting it for verification, click on the "Update Current Employment" link or on the name of your current employer in Section F. If aspects of your position change (e.g., your full-time position becomes part-time), you must add an end date to the current record and create a new record to reflect the change in status. Submitting changes to an existing employment record will supersede any previously received employment verifications.

CURRENT OR MOST RECENT EMPLOYMENT

Employer		Update Current Employment	
Supervisor:	Super Visor mbloom@anlar.com	Start Date:	6/1/2021
		Date Record Submitted:	3/19/2025
HR:	Mister Smith mister@smith.com	End Date:	
		Employment Status:	Verified

Figure 10. Section G. Deferrals and Exceptions

G. DEFERRALS AND EXCEPTIONS
Request Deferral / Exception

No deferrals or exceptions entered.



Employment Record Form

Figure 11. Employment Organization Name and Information

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 manager 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. If your employment position is outside of the United States, please contact the PDPDCS Helpdesk to report your employment information.		
Organization Name:*	<input type="text" value="My Employer"/> <small>(e.g., name of school district, name of government agency)</small>	
Department Name:	<input type="text" value="Special Education Departme"/> <small>(e.g., school name, government department)</small>	
Organization Address		
Address Line 1:*	Address Line 2:	
<input type="text" value="456 Median Street"/>	<input type="text"/>	
City:*	State:*	Zip Code:*
<input type="text" value="Washington"/>	<input style="border: 1px solid black; border-radius: 3px; padding: 2px 5px; text-align: center; font-size: 0.9em; color: #444; background-color: #fff; width: 100%;" type="text" value="District of Columbia"/> <div style="border-top: 1px solid black; height: 2px; width: 100%; position: relative; margin-top: -1px;"><div style="position: absolute; right: -5px; top: -4px; border-left: 5px solid transparent; border-right: 5px solid transparent; border-bottom: 4px solid black;"></div></div>	<input type="text" value="12312"/>
Phone:*	Fax:	
<input type="text" value="(234) 234-2344"/>	<input type="text"/>	
TTY:		
<input type="text"/>		
Organization Web site address (Ensure the Web site has the prefix "http://").		
<input type="text" value="https://www.ed.gov/about/ed-"/>		



Figure 12. Supervisor Name and Contact Information

SUPERVISOR		
Please provide the name of a supervisor who can verify this employment information.		
First Name:	Last Name:	
<input type="text" value="Super"/>	<input type="text" value="Visor"/>	
Supervisor's Business Address		
Address Line 1:	Address Line 2:	
<input type="text" value="456-A Median Street"/>	<input type="text"/>	
City:	State:	Zip Code:
<input type="text" value="Washington"/>	<input type="text" value="District of Columbia"/>	<input type="text" value="12312"/>
Phone:	Mobile Phone:	
<input type="text" value="(555) 555-5555"/>	<input type="text"/>	
Email:	Verify Email:	
<input type="text" value="supervisor@employer.com"/>	<input type="text" value="supervisor@employer.com"/>	
Alternate Email:	Verify Alt. Email:	
<input type="text" value="supervisor2@employer.com"/>	<input type="text" value="supervisor2@employer.com"/>	
Fax:	TTY:	
<input type="text"/>	<input type="text"/>	

Figure 13. Human Resource Manager Name and Contact Information

HUMAN RESOURCE MANAGER		
Please provide the name of a human resources manager who can verify this employment information.		
First Name:	Last Name:	
<input type="text" value="Mister"/>	<input type="text" value="Smith"/>	
Human Resource Manager Business Address		
Address Line 1:	Address Line 2:	
<input type="text" value="789 Mode Ave."/>	<input type="text"/>	
City:	State:	Zip Code:
<input type="text" value="Washington"/>	<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="District of Columbia"/>	<input type="text" value="12312"/>
Phone:	Mobile Phone:	
<input type="text" value="(666) 666-6666"/>	<input type="text"/>	
Email:	Verify Email:	
<input type="text" value="mister@smith.com"/>	<input type="text" value="mister@smith.com"/>	
Alternate Email:	Verify Alt. Email:	
<input type="text"/>	<input type="text"/>	
Fax:	TTY:	
<input type="text"/>	<input type="text"/>	

Figure 14. Organization Type

ORGANIZATION TYPE
<p>What type of organization is this? *</p> <p> <input type="radio"/> Public Schools (including Charters) <input type="radio"/> Residential School <input type="radio"/> For-profit or Commercial Organization <input type="radio"/> Federal Government Agency <input checked="" type="radio"/> State Government Agency <input type="radio"/> Local Government Agency <input type="radio"/> Private School <input type="radio"/> Hospital, medical office, or clinics <input type="radio"/> College/University <input type="radio"/> Non-profit Organization <input type="radio"/> Other, please specify <input type="text"/> </p> <p>Next>></p>

Figure 15. Employment Start (and End) Dates

EMPLOYMENT INFORMATION

Please note that past employment records cannot be edited once submitted for verification. Your employer will have 30 days from the date of submission to verify or dispute your employment information for this position. Current employment records can be edited. Your employer must verify your employment in order for you to receive credit towards fulfilling your service obligation. You will receive credit for current employment up to the date of last update for verified employment records. You cannot update your current employment record until your employer verifies or disputes the record or the 30-day verification window expires. Note that according to 2006 Regulations §304.30(f)(2), you are not eligible to receive credit for work completed prior to the date when you completed one academic year of training. Internships are not eligible employment.

Question #8 does not affect your service obligation fulfillment status. This question is for measuring program performance at the Office of Special Education Programs.

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

1. * Is this your current employment? ☒ No
☐ Yes

* When did this job begin?

6/1/2021

When did this job end?

12/15/2024

Please note: According to program regulations, scholars may begin work in eligible employment following the completion of one academic year of training. Therefore, the PDPDCS only allows for start dates of an employment position after the completion of one academic year of training 6/1/2021 .

Figure 16. Type of Position

2. * Which of the following best describes this position?

- ☐ Special Education Teacher (School-Age)
- ☐ Higher Education (e.g., faculty, research assistant, practicum coordinator)
- ☐ Early Interventionist or Early Childhood Special Educator
- ☒ Speech Language Pathologist
- ☐ Administrator/Coordinator/Supervisor (including the capacity of a principal)
- ☐ School Psychologist
- ☐ Occupational Therapist
- ☐ Interpreter for the Deaf
- ☐ Teacher of the Visually Impaired
- ☐ Physical Therapist
- ☐ Audiologist
- ☐ Adapted Physical Educator
- ☐ School Counselor
- ☐ Applied Behavior Analyst
- ☐ Rehabilitation Counselor
- ☐ Social Worker
- ☐ Other (please specify)

Figure 17. Full- or Part-Time Status and Substitute Teaching Questions

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

☒ Full time (As defined by your Employer and must be 30 hours or more per week)
☐ This is a summer position
☒ This position has summers off
☐ This is a year round position
☐ Part time

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

4. * Is this position a substitute teaching position?

☒ No
☐ Yes

Figure 18. Position Focus Area(s)

5. * Select the area that best describes the PRIMARY focus of this employment position. If appropriate, select up to three additional OTHER FOCUS AREAS to provide more detailed information about this employment position.

Training Area	Primary Focus	Other Focus Area
Special Education (General)	<input type="radio"/>	<input checked="" type="checkbox"/>
Early Intervention/Early Childhood Special Education	<input type="radio"/>	<input type="checkbox"/>
Speech Language Pathology	<input checked="" type="radio"/>	<input type="checkbox"/>
School Psychology	<input type="radio"/>	<input type="checkbox"/>
Occupational Therapy	<input type="radio"/>	<input type="checkbox"/>
Educational Interpreter	<input type="radio"/>	<input type="checkbox"/>
Teaching of Visual Impairments (TVI)	<input type="radio"/>	<input type="checkbox"/>
Physical Therapy	<input type="radio"/>	<input type="checkbox"/>
Audiology	<input type="radio"/>	<input checked="" type="checkbox"/>
Adapted Physical Education	<input type="radio"/>	<input type="checkbox"/>
School Counseling	<input type="radio"/>	<input type="checkbox"/>
Orientation & Mobility	<input type="radio"/>	<input type="checkbox"/>
Deaf Education	<input type="radio"/>	<input type="checkbox"/>
Applied Behavior Analysis (ABA)	<input type="radio"/>	<input type="checkbox"/>
Rehabilitation Counseling	<input type="radio"/>	<input type="checkbox"/>
Social Work	<input type="radio"/>	<input type="checkbox"/>
Other (For Leadership Grantees)	<input type="radio"/>	<input type="checkbox"/>

If the special education and related services areas above are not appropriate for the training focus of your employment, please provide a brief description of the area of focus for this employment.

Figure 19. Disability Categories

6. * Indicate the disability category(s) of the children you currently support. Select all that apply. If your employment position does not focus on a specific disability category, please select "All disabilities."

- ☐ All disabilities
- ☐ Autism
- ☐ Deaf-blindness
- ☒ Deafness
- ☐ Developmental delay
- ☐ Emotional disturbance
- ☐ Hearing impairment
- ☒ Intellectual disabilities

If yes, does this include children with significant cognitive impairment?

☐ Yes

☒ No

- ☐ Multiple disabilities
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Specific learning disability
- ☐ Speech/language impairment
- ☐ Traumatic brain injury
- ☐ Visual Impairment, including blindness

Figure 20. Employment Eligibility*

Please answer the questions below that best describe the work you do in this position. Eligible employment must 1) fulfill at least one of the requirements listed in section F(e) of the 2005 Requirements or §304.30(e) of the 2006 Regulations; 2) provide compensation; and 3) if serving children, the children must fall under the definition of eligible children as described in IDEA 2004 Sec. 602(3).

7a. * Describe the percentage of time spent teaching or serving special education students in this position.

☐ 50% or less

☒ At least 51%

7b. * Describe the percentage of special education students taught or served in this position.

☐ 50% or less

☒ At least 51%

7c. *

Describe the percentage of time spent performing work related to the training for which the scholarship was received under section 662 of IDEA the Individuals with Disabilities Education Act of 2004 in this position.

☐ 50% or less

☒ At least 51%

*Scholars will only see either questions 7a and 7b or question 7c depending on their selected position type.



Figure 21. Certification or Licensure

8. * Are you certified/licensed for this position? Select the most appropriate answer. Certified/licensed for purposes of this data collection means that you meet the state requirements (if there are requirements in your state) for certification/licensure for this position.

☒ Certified/licensed

- ☐ Early Intervention (EI) State License/Certification; Early Childhood Special Education (ECSE) State License/Certification
- ☐ Special Education Teacher License
- ☐ Deaf Education State Teacher License/Certification
- ☐ Interpreter State License/Certification
- ☐ Blind or Visually Impaired State Teacher License/Certification
- ☐ Orientation & Mobility (O&M) State License/Certification
- ☒ Speech Language Pathologist (SLP) State License/Certification
- ☐ Audiology State License/Certification
- ☐ School Psychology State License/Certification; Nationally Certified School Psychologist (NCSP)
- ☐ Board Certificated Behavior Analyst (BCBA) National Certification
- ☐ School Counseling State License/Certification
- ☐ Social Work State License/Certification
- ☐ Rehabilitation Counseling State License/Certification
- ☐ Adapted Physical Education State Teacher License/Certification
- ☐ Occupational Therapy (OT) State License/Certification
- ☐ Physical Therapy (PT) State License/Certification
- ☐ Other

☐ Not certified/Not licensed

☐ This state does not have requirements for certification/licensure for this position

☐ Not applicable to this type of employment position

Figure 22. Employer Contact to Complete Verification Form and Certifying Statement

9. * Please select the Supervisor or HR Manager to whom you wish to send this information for verification (Select at least one).

☒ Super Visor (supervisor@employer.com)

☐ Mister Smith (mister@smith.com)

☒

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.

Deferrals and Exceptions Form

Figure 23. Blank Deferral/Exception Form

According to the 2005 Program Requirements (Sec.G.) and 2006 Program Regulations (§ 304.31) available on the PDPDCS Web site (<https://pdp.ed.gov/OSEP/Home/Regulation>), you may apply for an "exception or deferral to performance or repayment under the agreement" you signed with your university in return for funding. Requests are reviewed by the PDPDCS and the Office of Special Education Programs.

Scholars are required to submit supporting documentation with their deferral or exception request. Evidence to support a deferral request must include official documentation from the appropriate entity, such as an Institution of Higher Education (IHE), the armed services, or volunteer organization. Evidence to support an exception request must also contain official documentation, such as a death certificate or a statement from a medical professional, as appropriate.

Please refer to frequently asked question #26 FAQs 23-26, available on the PDPDCS Web site for additional information. You can upload an electronic version of the documentation below or you may mail or fax the documentation to the PDPDCS Helpdesk at 1600 Research Blvd, RA 2173, Rockville, MD 20850 or 888-252-6960.

SELECT GRANT

Please select the grant or grants for which you need a deferral or exception from the list below and complete the remaining fields as required. Note: You may only apply for a deferral or an exception for grants that you are no longer enrolled in. For any questions or additional information, please contact the PDPDCS Help Desk at 1-800-285-6276 or by email at serviceobligation@ed.gov.

T456T190001 - Developing Personnel ▼

REASON FOR EXCEPTION

☐ I am unable to continue a course of study, perform the service obligation, or repay all or part of the funding received because of a permanent disability.

REASON FOR DEFERRAL

☐ I am engaging in a full-time course of study at an institution of higher education.

☐ I am serving on active duty as a member of the armed services of the United States.

☐ I am serving as a volunteer in the Peace Corps or Domestic Volunteer Service.

SUPPORTING DOCUMENTATION

Please upload the appropriate documentation to support your exception or deferral request. Depending on the file size of the attachment, the upload process may take up several minutes. Acceptable file types include .doc, .docx, and .pdf. Please note that file names or titles cannot have spaces. You may use underscores: for example, John_Doe_deferral_request.doc.

You may upload an electronic copy of the required documentation or you may mail or fax the documents to the PDPDCS Help Desk at 1600 Research Blvd., RB 2268, Rockville, MD, 20850 or 888-252-6960.

File to upload: No file chosen

To upload multiple files: Hold down the Control key (Windows) or Command key (Mac) to select multiple files at once and then click Open or Upload.



Figure 24. Options for Submitting a Deferral

REASON FOR DEFERRAL	
<input checked="" type="radio"/> I am engaging in a full-time course of study at an institution of higher education.	
You may request an educational deferment of your service payback if you are continuing as a full-time student without interruption, in a program leading to a degree in an accredited Institution of Higher Education (IHE). You must request this deferment within the 12-month grace period after leaving the your program.	
You must also provide the following information:	
1) What is the start date of your most recent full-time degree or certificate program? (Deferral start date)	<input type="text" value="1/1/2024"/>
2) When is your full-time enrollment scheduled to end? (Deferral end date)	<input type="text" value="12/31/2026"/>
<input checked="" type="radio"/> I am serving on active duty as a member of the armed services of the United States.	
When will active duty begin? (Deferral start date)	<input type="text" value="1/1/2024"/>
When is active duty scheduled to end? (Deferral end date)	<input type="text" value="12/31/2026"/>
<input checked="" type="radio"/> I am serving as a volunteer in the Peace Corps or Domestic Volunteer Service.	
Select the type of volunteer service:	
<input checked="" type="radio"/> Peace Corps	
<input type="radio"/> Domestic Volunteer Service	
When did your volunteer service begin? (Deferral start date)	<input type="text" value="1/1/2024"/>
When is this service scheduled to end? (Deferral end date)	<input type="text" value="12/31/2026"/>

Note - Scholars should only select one reason per deferral request; all three options are shown for illustrative purposes only.