

University of Connecticut
International Student & Scholar Services

2011 Hillside Rd, Unit 1083
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Tel.: 860-486-3855 Fax: 860-486-5800
<http://www.issu.uconn.edu>

Optional Practical Training
17-Month Extension Application
Employer's Letter

Dear Employer:

This individual who graduated from the University of Connecticut wishes to apply for his/her Optional Practical Training (OPT) extension as a current OPT participant in a STEM field (Science, Technology, Engineering, and Mathematics). Once the U.S. Citizenship and International Student and Scholar Services (ISSS) approves the extension application, the student's OPT work authorization will be extended for 17 months.

As a part of eligibilities for the student's OPT extension application, the employer must be registered in E-Verify, the federal employment verification system (please visit http://www.dhs.gov/ximgtn/programs/gc_1185221678150.shtm for more information on "E-Verify"). In addition, pursuant to CFR §214.2(f)(10)(ii)(C)(2), the employer must agree to report to the student's Designated School Official (DSO) the termination of the student's employment or departure of the student or through "any other means or process identified by the Department of Homeland Security" within 48 hours of the event. The DSO's at the University of Connecticut are in ISSS.

Attached are sample letters for your convenience to provide to the student so that he/she can complete his/her OPT extension application. The information which contains in these sample letters are necessary for our department's process to recommend the student's OPT extension. Should you have any questions, please contact our office.

Best regards,

Designated School Officials/International Advisors
International Student & Scholar Services
University of Connecticut

Employer's Letter (Sample 1)

Important: This letter MUST be completed on company letterhead.

Date: _____ (Month/Day/Year)

Re: Employment Verification of Dr./Mr./Ms. _____

To U.S. Citizenship and Immigration Services:

This letter is to certify that Dr./Mr./Ms. (student's full name), a (student's country of citizenship) national, has been employed by (your company name) since (employment start date (mm/dd/yyyy)). Dr./Mr./Ms. _____ has an annual salary of \$ _____ as (position name) in the Department of (name of the department) located at (department's full physical address). Dr./Mr./Ms. _____'s email address at the company is (student's email address). Dr./Mr./Ms. _____ reports to (supervisor's name and title) and he/she can be reached at (supervisor's email address).

(Your company name) is registered in E-Verify. Our E-Verify Company Identification Number is _____.

As an employer of a student with an approved 17-month Optional Practical Training extension, we are fully aware of a regulatory requirement that the company must report the termination of Dr./Mr./Ms. _____'s employment or departure of Dr./Mr./Ms. _____ to the Designated School Official at the student's school within 48 hours of the event.

Should you have any questions regarding Dr./Mr./Ms. _____'s employment, please feel to contact the undersigned.

Sincerely,

Employer/Supervisor's name and title

Employer's Letter (Sample 2)

Important: This letter MUST be completed on company letterhead.

Date: _____ (Month/Day/Year)

Re: Employment Verification of Dr./Mr./Ms. _____

To U.S. Citizenship and Immigration Services:

This letter is to certify that Dr./Mr./Ms. (student's full name), a (student's country of citizenship) national, has been employed by (your company name) since (employment start date (mm/dd/yyyy)). Dr./Mr./Ms. _____ has an annual salary of \$ _____ as (position name) in the Department of (name of the department) located at (department's full physical address). Dr./Mr./Ms. _____'s email address at the company is (student's email address). Dr./Mr./Ms. _____ reports to (supervisor's name and title) and he/she can be reached at (supervisor's email address).

(Your company name) is registered in E-Verify. Our company uses outside services to administer our E-Verify data and our E-Verify Client Company Identification Number is _____.

As an employer of a student with an approved 17-month Optional Practical Training extension, we are fully aware of a regulatory requirement that the company must report the termination of Dr./Mr./Ms. _____'s employment or departure of Dr./Mr./Ms. _____ to the Designated School Official at the student's school within 48 hours of the event.

Should you have any questions regarding Dr./Mr./Ms. _____'s employment, please feel to contact the undersigned.

Sincerely,

Employer/Supervisor's name and title