

STEM EXTENSION OPT: EMPLOYMENT VERIFICATION FORM

This form is required for all F-1 students on STEM Extension Post-Completion Optional Practical Training. Complete this form and attach a copy of your EAD (Employment Authorization Document) card. Submit to the Office of International Students & Scholars (OISS) by fax to (805) 893-7132 or by email to <u>oiss@sa.ucsb.edu</u>. <u>Employer must complete Section #3B</u>. Students on STEM Extensions are required by immigration regulations to file this form every six months, whether there are changes or not.

SECTION 1: STUDENT INFOR	RMATION	Employer's Address:	
Name:			
		(Street)	
(Surname/Family Name) (Gi	iven/First Name) (Middle Name)	(City) (State) (Zip)	
E-Mail:		(City) (State) (Zip)	
Phone:		Supervisor's Name:	
SEVIS ID#:			
Major:		Supervisor Email:	
Employment Authorization Dates (Supervisor Telephone:	
from to (MM/DD/YYYY)		Employer's Name as listed in E-Verify:	
** If you have moved during your to update your current living addre <u>https://my.sa.ucsb.edu/gold</u>		Employer's E-Verify Company Identification Number:	
SECTION 2: EMPLOYER INFO	ORMATION		
Job Title or Position:		SECTION 3: STUDENT AND EMPLOYER CERTIFICATION	
How does this job/position relate to (Include tasks and responsibilities experience that directly relates to the second s	that show you will gain applied	A). F-1 students with approved STEM Extension Optional Practical Training (OPT) are required to report to the UCSB Office of International Students & Scholars (OISS) any changes in their name and/or address, any changes in their employer's name and/or address, or any interruptions of their employment within 10 days of the change. I understand these requirements and will notify the UCSB Office of International Students & Scholars (OISS) accordingly.	
		Student Name	
		Student Signature Date	
		B) Employers of F-1 students with STEM Extension Optional Practical Training (OPT) authorization are required to report to the UCSB Office of International Students & Scholars (OISS) within 48 hours after the student has been terminated from, or otherwise	
Employment Start Date:		leaves, his or her employment with that employer prior to the end of the authorized OPT period. I understand this requirement and	
	(MM/DD/YYYY)	will notify the UCSB Office of International Students & Scholars	
Employment End Date:	(MM/DD/YYYY)	(OISS) accordingly.	
Full-Time (20+hours/week)	Part-Time (>20 hours/week)	Employer Name	
Employer/Company Name:			
		Employer Signature Date	

OISS AUTHORIZATION Entered by:

Date: