

# EMPLOYER FORM: 24-MONTH STEM OPT

## Please select ONE:

- I am currently on Post-Completion OPT and am applying for STEM Extension OPT. I am submitting this form along with my completed I-765 and I-983 so that I can receive my STEM Recommendation I-20.
- This is a new STEM employer. I stopped working for my previous employer on the following date: \_\_\_\_\_  
I have included two I-983s with this form: one from my old employer (complete with self-evaluations) and one from my new employer.
- This is an additional STEM employer. I am still working for the following company: \_\_\_\_\_  
I have included a completed I-983 for my additional employer.
- This is NOT a new STEM employer. I am just updating my STEM employer's info (address, email, supervisor's name, etc.).  
I have included a copy of my updated I-983 with this form.

\_\_\_\_\_  
SURNAME FIRST NAME(S) UMKC ID #  
CURRENT U.S. ADDRESS: \_\_\_\_\_

## EMPLOYER INFORMATION:

\_\_\_\_\_  
COMPANY NAME COMPANY WEBSITE

\_\_\_\_\_  
STREET NUMBER AND NAME (SAME AS SITE LOCATION on Pg. 3 of I-983) CITY STATE ZIP CODE

\_\_\_\_\_  
SUPERVISOR'S SURNAME SUPERVISOR'S FIRST NAME(S) SUPERVISOR'S TITLE

\_\_\_\_\_  
SUPERVISOR'S EMAIL SUPERVISOR'S PHONE NUMBER

Please state your employer's EIN or FEIN number (This is NOT the E-Verify number): \_\_\_\_\_

Please state your job title: \_\_\_\_\_ Please confirm your start date: \_\_\_\_\_

## PLEASE READ:

- ✓ I certify that the above information is true and correct and that by electronically signing this form that I have read and acknowledged all of the information on these forms.
- ✓ I certify that I understand the rules and regulations of my F-1 visa as well as 24-month STEM OPT
- ✓ I understand the unemployment limits and regulations of my visa: 90 days for OPT, and an additional 60 days for those on 24-month STEM extension.
- ✓ I understand that exceeding unemployment days or not reporting to my DSO within 10 days of any change in employment may result in termination of my I-20/F-1 visa status, and that this is solely my responsibility as the F-1 visa holder.
- ✓ I understand I must validate my employment and US address with ISAO every 6 months.
- ✓ I understand that it is my responsibility to complete the self-evaluations on the I-983 every 12 months and submit a copy to ISAO.
- ✓ I understand my job must be directly related to my field of study and that I must work more than 20 hours per week.
- ✓ I understand that any change in my mailing/residential address, phone number, employer, interruption in employment, termination of employment, or any other change in employment MUST be reported to ISAO and the SEVP Portal within 10 days of the change.
- ✓ I understand that any change in my name, visa status, transfer to another school, or change in degree level MUST be reported to ISAO within 10 days of the change

ELECTRONIC SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_