

## **Employment Verification Letter for STEM OPT Extension**

**This letter must be printed on a company letterhead, signed and dated by the employer!**

From: Name of the Employer  
Address  
Contact Information

To: USCIS

Re: Name of the Employee  
Date of Birth

Date:

To Whom It May Concern:

This letter must include the following:

1. Confirm whether this is a self-employed position or not
2. Explain how employment is related to student's course of study at the University of Bridgeport
3. Employer EIN
4. Confirm the employer is an E-verify employer
5. Job title
6. Detailed job description
7. Start date of employment (month/day/year)
8. End date of employment if applicable (month/day/year)
9. Full Time (more than 20 hours/week) or Part Time (20 or less hours/week)
10. Work location if different from the employer address mentioned above
11. Supervisor information
  - Last and First Name
  - Telephone Number including ext.
  - Email Address
12. Salary
13. A statement: This is to confirm that we agree to report the termination or departure of the above-mentioned OPT employee to the DSO at the University of Bridgeport through email/letter if the termination or departure is prior to the end of the authorized period of OPT. Such reporting must be made within 48 hours of the event. We shall consider the above-mentioned worker to have departed when we know he/she has left the employment or if he/she has not reported for work for a period of 5 consecutive business days without our consent, whichever occurs earlier.

Name  
Title  
Signature