

STEM OPT EMPLOYMENT UPDATE FORM (Adding or Changing Employment)

For students already approved for the 24-month STEM extension OPT benefit. Use this form if you are already approved for the STEM extension and want to either (a) add a new STEM E-verify employer or (b) change from your current STEM employer to your new STEM employer. Email the completed form to intl@uoregon.edu for SEVIS update. You must submit all required documents to ISSS BEFORE starting new employment.

CURRENT INFORMATION			
Name (Family, Given, MI)		UOID Number	
US Residential Address <i>(Example: 123 Main St., Apt 5, Eugene OR 97401)</i>		Preferred Email	
		Alternate Email	
		Tel / Cell Phone	

Note: Your SEVIS record will be updated to reflect the above US residential address and contact information

TYPE OF UPDATE REQUESTED (CHECK ONE AND FOLLOW DIRECTIONS)

- I am **ADDING** a second new E-verify Employer to my STEM extension period – I will also continue to work at my current STEM employer
- o Completed “Add New STEM Employer” section below
 - o Attach copy of signed and completed Form I-983 Training Plan for your new employer – to download Form I-983 and Form I-983 instructions, go to <https://studyinthestates.dhs.gov/form-i-983-overview>
 - o Submit Request Form and new I-983 Training Plan to iSSS at intl@uoregon.edu
- I am **CHANGING** my E-verify Employer. I will leave my current E-Verify employer and start working for a new employer.
- o Complete the “Add New STEM Employer” section below
 - o Attach copy of signed and completed Form I-983 Training Plan for your new employer – to download Form I-983 and Form I-983 instructions, go to <https://studyinthestates.dhs.gov/form-i-983-overview>
 - o Complete the “Departing STEM Employer” section (next page) and attach a copy of your Final Self-Evaluation (from Page 5 of your Form I-983 Training Plan)
 - o Submit all documents to ISSS at intl@uoregon.edu

ADD NEW STEM EMPLOYER			
STEM E-Verify Employer Name		Employer E-Verify Number*	
Employer Business Address <i>(include full street address, suite #, city, state, & ZIP)</i>		Employer ID Number (EIN)**	
Supervisor Name		Supervisor Tel:	
Supervisor Title		Supervisor Email:	
Worksite Address*** <i>(include full street address, suite #, city, state, & ZIP)</i>		Your Job Title:	

*Obtain your employer’s E-Verify Number from your employer – the E-Verify number is usually 5-6 digits long

**Your employers’ Employer Identification Number (EIN) is 9 digits long

***The worksite address is the address where your work with your STEM employer takes place. In most cases, this should be the same as the STEM employer’s business address. During STEM employment, you must work at an address where your E-Verify employer is providing you with on-the-job training – remote or long-distance employment is not permitted (see Page 2)

LEAVING STEM EMPLOYER (COMPLETE ONLY IF LEAVING YOUR STEM EMPLOYMENT)

STEM E-Verify Employer Name	Last Date of Employment	
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- Attach a copy of your Final Self-Evaluation (from Page 5 of your Form I-983 Training Plan. To download Form I-983, go to <https://studyinthestates.dhs.gov/form-i-983-overview>

DELIVERY INFORMATION

Once your request has been reviewed and approved, ISSS will issue a new STEM extension I-20 to you. Please indicate how you would like the I-20 to be delivered to you:

___ I will pick up the new I-20 in person in the ISSS office, Oregon Hall, 3rd floor

___ Please e-mail the I-20 to me at my email address above

ATTACHMENTS

Submit the following to ISSS at least 10 days before any change to your employment:

- This form (completed and signed)
- If adding new STEM employer: Copy of completed and signed Form I-983 Training Plan for each new E-Verify employer you are adding
- If leaving STEM employer; Copy of completed and signed final Self-Evaluation (if you are leaving your current employer)

SIGNATURE

I am requesting an update to my record for my 24-month STEM extension of my post-completion Optional Practical Training. I certify that all information I am providing is true and accurate to the best of my knowledge, and that I understand and will comply with all regulations that apply to me as an F-1 student engaged in the STEM extension of post-completion OPT.

Signature: _____ Date: _____

Name (printed): _____

OIA USE ONLY: To be completed by ISSS

- ___ STEM approval indicated in SEVIS record
- ___ SEVIS address, email, phone is up to date
- ___ New I-983 Training Plan Complete with signatures
- ___ New worksite is not remote employment
- ___ Has not exceeded 150 days of unemployment
- ___ New STEM employment record created in SEVIS
- ___ Final self-evaluation received for any completed employment
- ___ New I-20 issued for new STEM employer

Advisor Initials: _____