



Optional Practical Training Extension Employer Recommendation

I. To be completed by the student:

Name _____ Stevens ID _____

Employer Name and Address _____

Dates of Employment: Beginning _____ # of Hours per week _____

I agree to notify the DSO of Stevens Institute of Technology within 10 days of change of employer, change of name, change of address and change of email.

Student's Signature _____ Date: _____

II. To be completed by the direct supervisor or, in the supervisor's absence, the Human Resources Department.

Please provide employees title and brief job description:

To be completed by the company

I agree that the company is enrolled in E – Verify system.

I agree to report the termination or departure of an OPT employee to the DSO of Stevens Institute of Technology through email if the termination or departure is prior to end of the authorized period of OPT. Such reporting must be made within 48 hours of the event by emailing jmarsali@stevens.edu, Jennifer A Marsalis, Director. I shall consider a worker to have departed when I know the student has left the employment or if the student has not reported for work for a period of 5 consecutive business days without my consent, whichever occurs earlier.

Employer's name _____ Title _____

E – Verify Identification number _____

Phone _____

Signature _____ Date _____

Once this is completed, please return to the employee.

International Student and Scholar Services
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