

Employment Verification Letter for 17-Month OPT Extension

From: Name of the Employer
Address
Contact Information

To: USCIS

Re: Name of the Employee
Date of Birth

Date:

To Whom It May Concern:

The letter must include the following:

1. Job title
2. Detailed job description
3. Start date of employment (the actual start date of your employment with the company, not the OPT extension start date)
4. **Confirm: this job is DIRECTLY related to student's degree (specify their major) obtained from University of Bridgeport**
5. Salary (need to have paid jobs to be eligible for OPT extension)
6. Confirm you are an E-verify employer
7. 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/letters or any other means or process identified by DHS 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