

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

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. Official job title.
2. Detailed job description. **Note:** *If you are working as a consultant, please have the employer include the name of the client to whom you are assigned to perform the job duties as described, as well as the address of the location/client where you are performing your duties.*
3. Start date of employment (*the actual start date of employment with the company, not the OPT extension start date*).
4. **Confirm: This job is DIRECTLY related to student's degree (specify the major) obtained from University of Bridgeport.**
5. Confirmation that the employer is an E-Verify employer.
6. 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 within 48 hours of the event if the termination or departure is prior to the end of the authorized period of OPT. 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