

OPT Extension Sample Letter from Employer

(Must be on company letterhead)

Date

To

Dr. Marta Lopez
Assistant Director/PDSO
IESC
18111 Nordhoff Street
Northridge
CA 91330-8445

Dear Madam,

This is to verify that Last name, First name has been offered employment/or is currently employed as a position title with name of firm effective employment start date.

I certify that our organization is registered with E-verify. The employer name as listed in E-Verify is _____. The E-Verify Company Identification Number is _____ or the E-Verify Client Company Identification Number is _____.

I agree to comply with the reporting requirements for students on authorized Optional Practical Training (OPT). I agree to report the termination or departure of the student to you and to the university within 48 hours of termination of employment. (An employer must consider a worker to have departed when the employer knows the student has left employment, or if the student has not reported for work for a period of five consecutive business days without the employer's consent).

Sincerely,

Name of Employer/Supervisor
Job title