

Initial Requests and Semi-Annual/Annual Review for Penn State STEM OPT Employment

Student/Employee Name:	Student/Employee PSU ID#:	Qualifying Major:
Student/Employee Email Address:	Dates Requested for STEM OPT Period: From: _____ To: _____	
Adviser/Supervisor Name:	Adviser/Supervisor Email Address:	

Choose one: **Initial Request for STEM OPT** **Required Evaluation of Training Plan**

Purpose: This form is to be used for the (1) **initial requests** for STEM OPT **and** the subsequent (2) **required evaluation** of the practical training for those working at Penn State. The Department of Homeland Security (DHS) requires that students/employees in STEM OPT status be monitored by their employer on an annual basis to ensure they are complying with the training plan as set forth in DHS Form I-983, Section 5.

Monitoring the technical and academic merits and performance of the student/employee on the training plan as described in Form I-983, Section 5, is the joint responsibility of the student's/employee's direct supervisor and the Associate Dean for Graduate Education (or official designee) in the college/institution in which the student/employee is appointed.

This form documents the initial training plan/employment conditions and annual evaluation of that plan, so that the Penn State designated *Employer Signatory Authority* (ESA) and *Designated School Official* (DSO) can complete Sections 4 and 6 of DHS Form I-983, knowing that the training plan meets the requirements initially and has been followed during the review process.

Adviser/Supervisor Certification:

1.	I have reviewed the training program and attest that the student/employee is/will be following the plan outlines in Form I-983, Section 5.	<input type="radio"/>	Yes	<input type="radio"/>	No
2.	I have provided/will provide the student/employee with sufficient training to complete the training plan.	<input type="radio"/>	Yes	<input type="radio"/>	No
3.	The student/employee is being paid. eVerify rules require payment and STEM OPT regulations require compensation equal to similarly situated U.S. employees (i.e. no volunteer work).	<input type="radio"/>	Yes	<input type="radio"/>	No
4.	I will inform my unit's Associate Dean for Research or Institute Director that the appointment of the student/employee has terminated.	<input type="radio"/>	Yes	<input type="radio"/>	No
5.	Will the employment of this individual cause a U.S. worker to lose a full-time or part-time job at this employer's site?	<input type="radio"/>	Yes	<input type="radio"/>	No
6.	Evaluation only: During this monitoring period have there been any material changes in this student's/employee's appointment, such as a:				
a.	Reduction in compensation?	<input type="radio"/>	Yes	<input type="radio"/>	No
b.	Significant decrease in hour per week?	<input type="radio"/>	Yes	<input type="radio"/>	No
c.	Decrease in hours below the 20-hour minimum requirement?	<input type="radio"/>	Yes	<input type="radio"/>	No
d.	Termination or departure of the student/employee?	<input type="radio"/>	Yes	<input type="radio"/>	No

Signature of Adviser/Supervisor: _____ Date: _____

Academic Unit Certification:

I attest that the student/employee is following the training plan as outlined in Form I-983, Section 5.

Printed Name of Associate Dean or Unit Designee: _____

Signature of Associate Dean or Unit Designee: _____ Date: _____