

STEM OPT Employer Change Form

This form is for F-1 students to report changes to their employment **while on active or pending STEM OPT**. This includes, but is not limited to: *leaving an employer, adding a new employer, changing employer address, changing number of hours worked, a change in company EIN, change in supervisor information, or change in compensation.*

Please be sure to update and maintain the information on form I-983 for each employer you work for:

- If you are changing information for your current employer, please make the changes on form I-983
- If you are adding a new employer, fill out pages 1-4 of a new form I-983 together with your employer
- If you are leaving an employer, fill out the FINAL EVALUATION on page 5 of form I-983 and get this signed by your employer

Students on STEM OPT are required to report changes to their employment to International Student Services at The BAC within 10 days of the change.

Please submit this completed form to iss@the-bac.edu along with the updated form I-983 of any employer you are updating.

Part I: Student Information

Last Name:	First Name:
Date of Birth:	BAC ID:
SEVIS ID:	STEM OPT Start Date:
Email address:	Telephone:
Signature:	Today's Date:

Part II: STEM OPT Application (USCIS Form I-765) Status

- Approved Pending

Part III: Why are you filing this form? (Please choose all that apply)

- A. I am making changes to my current employer (not leaving).
- B. I am leaving an employer and need to submit my final evaluation.
- C. I am adding a new employer.

Based on the options you chose, please fill out the corresponding pages of this form

A. I am making changes to my current employer.

What changes have there been to your current employer?

(Please check all that apply)

<input type="checkbox"/> Employer name	<input type="checkbox"/> Employer address
<input type="checkbox"/> Employment Identification Number (EIN)	<input type="checkbox"/> Weekly working hours
<input type="checkbox"/> Job title/position <i>(please write):</i>	<input type="checkbox"/> Compensation (salary)
<input type="checkbox"/> Supervisor name	<input type="checkbox"/> Supervisor contact (phone and/or email)

Please make the appropriate changes to form I-983. You and your employer must sign the I-983.

Attach and email the updated I-983 to iss@the-bac.edu along with this completed form.



B. I am leaving an employer and need to submit my final evaluation.

Employer Name (of the employer you are leaving):	
Employment End Date:	

Any additional comments about your change in employer (optional):

Please fill out the FINAL EVALUATION section on page 5 of your form I-983 for the employer you are leaving regardless of the total length of employment. This is a self-evaluation. It must be signed by you and your employer.

Attach and email the I-983 to iss@the-bac.edu along with this completed form.



C. I am adding a new employer.

Employer Name (of the employer you are adding):	
Employment Start Date:	
Employer is registered with E-Verify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working at this employer at least 20 hours/week:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any additional comments about your change in employer (optional):

Please fill out a NEW form I-983 together with the employer you are joining. A blank copy of the form can be downloaded on the [ICE website](#). You and your employer must sign the I-983.

Attach and email the new I-983 to iss@the-bac.edu along with this completed* form.



**you are not required to complete the evaluations on page 5*