

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

**Choose one:**

**Initial Request for STEM OPT**

**Initial Evaluation of Training**

**Final Evaluation of Training**

**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:**

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:

**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.

⃝

Yes

⃝

No

**2.** I have provided/will provide the student/employee with sufficient training to complete the training plan.

⃝

Yes

⃝

No

The student/employee is being paid. eVerify rules require payment and

**3.** STEM OPT regulations require compensation equal to similarly situated U.S. employees (i.e. no volunteer work).

⃝

Yes

⃝

No

**4.** I will inform my unit’s Associate Dean for Research or Institute Director that the appointment of the student/employee has terminated.

⃝

Yes

⃝

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?

⃝

Yes

⃝

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?

⃝

Yes

⃝

No

**b.** Significant decrease in hour per week?

⃝

Yes

⃝

No

**c.** Decrease in hours below the 20-hour minimum requirement?

⃝

Yes

⃝

No

**d.** Termination or departure of the student/employee?

⃝

Yes

⃝

No

Student/Employee Name:

Student/Employee PSU ID#:

Date of Birth (MM/DD/YY):

Country of Citizenship:

Student/Employee Email Address:

Qualifying Major:

Dates Requested for STEM OPT Period:

From:

To:

Adviser/Supervisor Name:

Adviser/Supervisor Email Address: