Regional campus students:

- UPB: PHI214F10188001
- UPG: PHI214F10188002
- UPJ: PHI214F10188003

The day after your current OPT expires 24 months from current OPT expiration date

Check "Yes" only if your STEM OPT is based on a different degree that you earned prior to your most recent Pitt degree.

Don’t forget to sign! OIS accepts electronic signatures.

OIS recommends students visit DHS’s website for additional guidance for completing the Form I-983: [https://www.ice.gov/doclib/sevis/pdf/i983Instructions.pdf](https://www.ice.gov/doclib/sevis/pdf/i983Instructions.pdf)
**Section 3: Employer Information (Completed by Employer)**

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
<th>Suite:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>Number of Full-Time Employees in U.S.:</td>
<td>North American Industry Classification System (NAICS) Code:</td>
</tr>
<tr>
<td>OPT Hours Per Week (must be at least 20 hours/week):</td>
<td>Compensation:</td>
<td></td>
</tr>
<tr>
<td>Start Date of Employment (mm-dd-yyyy):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 4: Employer Certification**

I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer); and
4. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214), which include, but are not limited to, the following:
   a. The student’s practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
   b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
   c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
   d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are commensurate with the terms and conditions applicable to the employer’s similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
   e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.

Signature of Employer Official with Signatory Authority (Sign in Ink): ____________________________

Printed Name and Title of Employer Official with Signatory Authority: ____________________________

Date (mm-dd-yyyy): ____________________________ Printed Name of Employing Organization: ____________________________

Don’t forget to have your employer sign! OIS accepts electronic signatures.

An “official with signatory authority” is ideally your supervisor or manager, but can be someone else in your workplace who can attest to the content of your Form I-983 training plan.

ONLY if Pitt is your employer:

- EIN: 25-0965591
- Number of Employees: 14,669

Section 3 is to be completed by your Employer!
The employer that signs the Training Plan must be the same entity that employs the student and provides the practical training experience.

Enter employer’s name as it appears in “Section 3: Employer Information.”

If you are working from home, list your home address here. See the end of this document for more information on reporting remote/hybrid work.

Enter the employer’s site name and address, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.
Use this section to report additional information about your work location if you are working remotely or in a hybrid arrangement. Please see additional information about reporting remote/hybrid employment addresses at the end of this document.

Don't forget to have your employer sign! Do not just type the name! OIS accepts electronic signatures.
Page 5, box 1 (Evaluation on Student Progress) is to be completed at the 12-month benchmark of the STEM OPT Extension.

When completing this section, make sure to enter the dates in the “From” and “To” sections:
- “From”:
  - The date you started working with the employer during your STEM OPT extension period
- “To”:
  - 12 months after the start of your STEM OPT extension period, regardless of when you started with your current employer.

Page 5, box 2 (Final Evaluation on Student Progress) is to be completed when a STEM OPT participant:
- ends employment or changes jobs during the STEM OPT Extension, OR
- at the 24-month benchmark of the STEM OPT Extension

When completing this section, make sure to enter the dates in the “From” and “To” sections:
- “From”:
  - In many cases, this is 12 months after the start of the STEM OPT extension period. However, changing jobs can impact the “from date”
    - If you have questions about what “from” date to list, contact your Immigration Specialist.
- “To”:
  - the 24-month mark from the start of your STEM OPT extension period, OR
  - the date you stopped working for your most recent STEM OPT employer
The government has provided guidance for STEM OPT applicants who will work remotely, or in a hybrid (in-person & remotely) setup.

When a STEM OPT applicant works 100% remotely:

- **Section 3** (Employer Information) on page 2 of Form I-983:
  - Write the address of your employer’s headquarters
- **Section 5** (Employer Site Information) on page 3 of Form I-983:
  - Write your home / remote work address

When a STEM OPT applicant works in a hybrid setup (e.g., in-person 2 days a week; work from home 3 days per week):

- In the “Additional Remarks” section at the top of page 4 of Form I-983:
  - List all relevant work addresses
    - Example: “I work in the office 3 days per week at the address listed in Section 5, but I work from my home address, ______________, 2 days per week.”

Students with questions about how to report employment addresses on the Form I-983 should contact their Immigration Specialist for further clarification.