

F-1 STEM OPT EXTENSION I-983 COMPLIANCE AND SALARY REVIEW

DEPARTMENT:		
CANDIDATE NAME:		
POSITION TITLE:		
PROPOSED SALARY and FTE:		
PROPOSED START DATE:		
DEPARTMENT ADMINISTRATOR:		
SUPERVISING FACULTY/PI:		
DSO:		
SCHOOL:		
DSO EMAIL:		
department with a salary determination and correspond Students requires the completion and maintenance of this form serves as documentation that the department understood Guidance for departments employing I The Department Administrator is responsible for keep 983 file, and related documentation in the employee's	Form I-983 by student and sup at administrator and supervising F-1 students in STEM fields. ping a copy of this form, a curre	ervising faculty. Submission of faculty have read and ent copy of the employee's I-
The Supervising Faculty/PI and student are both resp employment occur. Any updates must be forwarded t the department administrator for the student's person	to the student's DSO and a copy	
The student's I-983 must be updated on an annual ba Students and hiring departments should be aware extended		
COMPLIANT SALARY:		IPSO Initials
Department Administrator Signature:		_
Sponsoring Faculty Signature:		_
International and Postdoctoral Services Office		



FORM I-983 WAGE ATTESTATION

Form I-983 requires official employer attestation that the student on the STEM OPT extension will not replace a full-time or part-time temporary or permanent U.S. worker. The employer must also certify that that the terms and conditions of the STEM OPT opportunity are commensurate with similarly situated U.S. workers.

List **all** employees in the department who hold the same title and perform essentially the same tasks as the STEM OPT applicant.

NAME	ANNUAL SALARY	BENEFITS (include	START DATE IN POSITION	HIGHEST DEGREE
		dollar value)		ATTAINED

I certify that the above information is true and correct.					
Senior Hiring Unit Administrator Signature	Name	Date			

International and Postdoctoral Services Office