

**TRAINING PLAN FOR STEM OPT STUDENTS UNC HR OFFICER CERTIFICATION**

**STEM OPT Student Name:** Click here to enter text.

**Site Name (Department):** Click here to enter text.

**Supervisor Name & Title:** Click here to enter text.

**Science, Technology, Engineering, & Mathematics (STEM) Optional Practical Training (OPT) is regulated by U.S. Immigration and Customs Enforcement (ICE) and the Department of Homeland Security (DHS). 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 possess and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with the Training Plan for STEM OPT Students (Form I-983). Information is available at** [**https://studyinthestates.dhs.gov/stem-opt-hub**](https://studyinthestates.dhs.gov/stem-opt-hub)

**CERTIFICATION BY THE UNC HUMAN RESOURCES OFFICER FOR FORM I-983**

As the Human Resources for the above-mentioned department, by initialing each section and signing below, I certify that:

\_\_\_\_\_\_\_I have a procedure in place for complying with the rules governing STEM OPT prior to submitting certifications and forms to Linc Butler, Associate Vice Chancellor of OHR (the Employer Official with Signatory Authority for UNC);

\_\_\_\_\_\_\_I have reviewed the Training Plan for STEM OPT Students (“Plan”) on the Form I-983 prepared by the student and his or her supervisor, the supervisor has signed the “Training Plan for STEM OPT Students UNC Supervisor Certification,” and on behalf of the University of North Carolina at Chapel Hill this Plan is approved and I will ensure that the supervisor follows this Plan;

\_\_\_\_\_\_\_I will notify the Designated School Official (DSO) at the STEM OPT student’s home university at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, 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 the STEM OPT rules;

\_\_\_\_\_\_\_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);

\_\_\_\_\_\_\_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:

\_\_\_\_\_\_\_Based on the supervisor’s certification, 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;

\_\_\_\_\_\_\_The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;

\_\_\_\_\_\_\_Sufficient resources and personnel are available to provide the specified training program set forth in this Plan, and I am prepared to implement that program, including at the location(s) identified in this Plan;

\_\_\_\_\_\_\_The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. **I have examined the history of the position/line being offered to the student and have found that this STEM OPT student will not replace a 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. I **have completed an analysis based on the attached “STEM OPT: Terms and Conditions of Practical Training Opportunity” worksheet and have determined that the terms and conditions of the training opportunity being offered to this STEM OPT student are commensurate with similarly employed U.S. workers;**

\_\_\_\_\_\_\_The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment; and

\_\_\_\_\_\_\_I understand that failure to submit changes to this Plan or failure by the STEM OPT employee to provide required reports to the DSO of their F-1 program will result in termination of employment authorization and loss of F-1 immigration status for the above-mentioned F-1 student.

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides sever penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form and Form I-983.

Title 18 of the United States Code, Chapter 47, Section 1546 states:

**“Whoever knowingly makes under oath, or as permitted under penalty of perjury under section 1746 of title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed there under, or knowingly presents any such application, affidavit, or other document which contains any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined under this title or imprisoned not more than 10 years (in the case of the first or second such offense), or 15 years (in the case of any other offense), or both.“**

Name & Title of Human Resources Officer: Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEM OPT Student Name: Click here to enter text. Department: Click here to enter text.