

Student: Give this form to your employer. Once complete, upload with your CPT Request in the ISAO Portal.

EMPLOYER MUST COMPLETE (and return to student):

COMPANY NAME		COMPANY WEBSITE	
STREET NUMBER AND NAME		CITY	STATE
		ZIP CODE	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE	
SUPERVISOR'S EMAIL		SUPERVISOR'S PHONE NUMBER	

1. Please state the student's job title: _____
2. Please confirm the student's requested start date (student cannot start until CPT is approved): _____
3. Please confirm the student's end date (student is only authorized by semester): _____
4. Please confirm the number of hours per week the student will be working: _____
5. Will the student's working hours per week vary? YES NO
 - If yes, what is the range of hours per week that the student may work? _____
6. Will the student work remotely? YES NO

By signing below:

- ✓ **As the Employer, I understand the following:**
 - **The student cannot work without, before, or after the dates of authorization listed on the 2nd page of the student's Form I-20.**
 - **The student cannot work more than 20 hours per week if they have been authorized for PART-TIME CPT. The 20 hour cap includes any work the student is also doing on-campus.**
 - **If the student works before or after the dates listed on the Form I-20 and therefore without authorization, the student's Form I-20 will be terminated by UMKC for "unauthorized employment" and the student will have to exit the U.S. within 48 hours with no option for reinstatement.**
- ✓ Employer agrees to cooperate with the school in achieving the curricular purposes of the employment/training.
- ✓ Employer certifies that the information provided in this request form has been reviewed and is accurate.
- ✓ Employer acknowledges that they are/would be able to provide an official job offer letter stating the student's job title, description of duties/responsibilities, number of hours per week the student will work, and the location of where the student will be physically working.
- ✓ Employer certifies that they will adhere to all applicable State and Federal regulations/requirements such as FLSA: <https://www.dol.gov/whd/regs/compliance/whdfs71.htm>
- ✓ Employer certifies that they will provide all necessary training, safety instructions, and supervision.
- ✓ **Employer acknowledges that they must notify UMKC's International Student Affairs Office (isao@umkc.edu) of any of the following:**
 - **Change in dates of employment**
 - **Change in address of employment**
 - **Change in employment status**
 - **Change in number of hours per week**

Employer's Signature	Date
Printed Name of Employer Representative with Signatory Authority	Title