



Work Experience USA Participant 2-Week Notice Form

For Regular Placement, Regular Job Fair Hires or Independents
("Lock In" Participants are not eligible for 2 weeks notice)

To: CCUSA-Work Experience USA

My name is _____, my CCUSA ID number is _____.

This letter is to inform you that today, ____/____/____, I am giving my employer two weeks notice. ____/____/____
will be my last day of work. My first day of work was ____/____/____. My employer's company name is
_____ and their phone # is (____)_____.

I understand the following conditions apply if I decide to end my employment:

1. I must discuss the entire situation with CCUSA prior to giving 2 weeks notice.
2. CCUSA requires that I submit this 2 Week Notice Form.
3. CCUSA requires that I must work for my employer for 2 weeks before giving 2 weeks notice, unless my employer releases me by checking the appropriate box below or CCUSA decides there are reasons to excuse me from this requirement.
4. I agree to call the CCUSA office at 1-888-449-3872 during business hours (M-F 8:00am to 4:30pm PST) on my last day of work.
5. I have ticked my chosen option (tick one only):
 - ☐ a. I choose to find a new job. I must revalidate my visa in SEVIS (by visiting <http://footprints.ccusa.com>), enter my new physical address and submit an Independent Job Offer within 10 days of the departure date on this form. I understand I cannot start work until CCUSA has verified this new job offer and I have paid the verification fee.
 - ☐ b. I choose to travel around the US but not work. I understand that my J1 visa will be ended and 30-day grace period starts. I understand that I will no longer be on the J1 visa and not required to report to CCUSA or SEVIS.
 - ☐ c. I choose to return home. I understand that my J1 visa will be ended.
6. If I do not follow these procedures, I understand that my visa will be terminated. This results in a negative record in the SEVIS system and requires that I leave the US immediately.

If my employer decides to waive the 2-week notice and agrees that I may leave immediately, he/she will indicate so here.

- ☐ I, this participant's employer, agree to waive the 2-week notice for this participant and in doing so I understand that I must waive it for all other CCUSA staff.
- ☐ I, this participant's employer, do not waive the 2-week notice for this participant.

Employer (please tick the appropriate box above)

CCUSA Work Experience Participant

(Sign Name)

(Sign Name)

(Print Name)

(Print Name)

Please fax this form to: (415) 339-2722

