



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 if I decide to end my employment:

1. CCUSA requires that I submit this 2 Week Notice Form.
2. CCUSA requires that I must work for my employer for 2 weeks before giving 2 weeks notice, unless my employer releases me below or CCUSA decides there are reasons to excuse me from this requirement.
3. I must discuss the entire situation with CCUSA prior to giving 2 weeks notice.
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.
 - b. 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.

Employers: please tick the appropriate box above.

Employer's Name:

Work Experience USA Participant's Name

Employer's Signature

Work Experience USA Participant's Signature