



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 7:00am to 4:30pm PST) on my last day of work.
5. I have ticked my chosen option (tick one only):
 - ☐ a. I chose 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 chose to travel around the US but not work. I understand that my J1 visa will be ended and my 30-day grace period starts. I understand that I am no longer on the J1 visa and am not required to report to SEVIS.
 - ☐ c. I chose 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)

Work Experience USA Participant

(sign name)

(sign name)

(print name)

(print name)

Please fax this form to (415) 339-2744