



OPT EMPLOYMENT REPORTING FORM

Students approved for Optional Practical Training (OPT) are required to report their employer’s name and address and the start date of employment as soon as they begin working; they must also report termination of employment. They must continue to report changes in their residential address within 10 days of moving. Students approved for a STEM extension of OPT have additional reporting obligations. Required information must be submitted to ISO so it may be updated in SEVIS. Failure to comply will result in termination of the student’s SEVIS record and loss of legal F-1 immigration status.

SECTION I: STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ UIN: 81 _____

BIRTHDATE (mm/dd/yyyy): _____ SEVIS ID NUMBER: _____

SECTION II: U.S. ADDRESS AND CONTACT INFORMATION

Enter your current residential address below. You must also update this information (if it has changed) in the FGCU Office of the Registrar under: Change of Address/Name Change Form at http://www.fgcu.edu/Registrar/files/Address-Name_Change_Form_04_2016.pdf

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

SECTION III: EMPLOYMENT INFORMATION

Select the reason you are submitting this form and then provide your employment details. If you need to report more information than the space below allows, please provide the items of information requested below for each additional employer you have worked for in a separate document and submit to ISO or email to Internationalservices@fgcu.edu

- I am reporting employment information for the first time. *(NOTE: If this is the first time you are submitting this form, you should report all employment activity since the beginning of your OPT authorization period.)*
- I am reporting a change in my employment information.
END DATE of employment *at former employer*, if applicable (mm/dd/yyyy): _____
- I am reporting the addition of a second (or third) employer.
- I am participating in the 24-month STEM extension of OPT and am submitting the:
 - 6-month validation report
 - 12-month validation report

Employer 1:

NAME OF COMPANY OR INSTITUTION: _____

NAME OF IMMEDIATE SUPERVISOR: _____

SUPERVISOR CONTACT: PHONE NUMBER: (_____) _____ -- _____ E-MAIL ADDRESS: _____

COMPANY OR INSTITUTION'S EMPLOYER IDENTIFICATION NUMBER (EIN): ____-- _____

START DATE (mm/dd/yyyy): _____ END DATE if applicable (mm/dd/yyyy): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

JOB TITLE: _____ NUMBER OF WORK HOURS PER WEEK: _____

DESCRIBE HOW YOUR EMPLOYMENT RELATES TO YOUR FGCU DEGREE: _____

Employer 2:

NAME OF COMPANY OR INSTITUTION: _____

NAME OF IMMEDIATE SUPERVISOR: _____

SUPERVISOR CONTACT: PHONE NUMBER: (_____) _____ -- _____ E-MAIL ADDRESS: _____

COMPANY OR INSTITUTION'S EMPLOYER IDENTIFICATION NUMBER (EIN): ____-- _____

START DATE (mm/dd/yyyy): _____ END DATE if applicable (mm/dd/yyyy): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

JOB TITLE: _____ NUMBER OF WORK HOURS PER WEEK: _____

DESCRIBE HOW YOUR EMPLOYMENT RELATES TO YOUR FGCU DEGREE: _____

SECTION IV: NEW FORM I-20 REQUEST (optional)

Issuance of a new I-20 is not required but is recommended for international travel or for use in benefit applications at governmental offices such as the DMV or Social Security Administration. Select one of the options below.

- I am NOT requesting a new Form I-20 at this time.
- I am requesting an updated Form I-20 reflecting my current employment information and would prefer the following:
 - I will pick up the I-20 at ISO once it is ready.
 - I will have the following friend or relative pick up the I-20 at ISO: _____
 - I would like the I-20 to be sent via regular mail to my Immigration Reporting Address (stated above).

Signature: _____

Date: _____