

OPT Employer Information Report

Personal Information

Student Name: _____
(Family/last name) (Given/first name) (Middle name)

FSU ID #: _____ E-Mail Address: _____

SEVIS ID #: _____ Phone Number: _____

Current address: _____
Street

APT #

City State Zip Code

Report Type: (Check One)

- Changes in Employer:** Report information below
- Interruption in Employment:** I am not working currently (Maximum unemployment: 90 days for OPT; total of 120 days with STEM OPT Extensions)
- 6-month Employment Validation:** Report information below

Give a job description and explain how this job is related to your course of study:

Current Employer Information:

New Company's Name: _____

Employer EIN* (required for STEM OPT): _____

New Company's Address: _____

New Company's Phone: _____

Your current Job Title: _____ Date you began at this company: _____

Supervisor's Name: _____ Supervisor's Email: _____

Previous Employer Information:

If this is your first job since starting OPT, you can disregard this section

Previous Company's Name: _____

Start Date at Previous Company: _____ End Date at Previous Company: _____

Note: If you are self-employed, please note above. If you work for additional employers, please add additional company's information below in space provided.

Student Signature

Date