

## F-1 Optional Practical Training (OPT) Employment Reporting Form

**Purpose of Form:** All Texas A&M University F-1 students are required to report their employment status and work address while on Optional Practical Training (OPT). U.S. federal regulations require individuals on F-1 status to report any change of employment, change of address, or loss of employment *within 10 days of the change* to the school that recommended the OPT. Your OPT reporting requirement starts from the start date on your Employment Authorization Document (EAD) card.

Due to recent federal reporting requirement changes, ISS needs additional information from students to report OPT employment to SEVIS. If you are on a STEM Extension of your OPT, please review the complete list of reporting requirements on the ISS website.

**This section should be completed by all F-1 students.**

Student Last/Family Name:  First/Given Name:

UIN:  Non- TAMU E-mail:

EAD Start Date:

Why are you submitting this form (check one of the following)? *Review reporting requirements on ISS website.*

Reporting New Employment  
Validation Reporting (SEVIS Alert)  
Material Changes to Employment

Updating Employer Information  
Travel Signature Request  
Self-Evaluation Submission

Reporting End of Employment  
Last day of employment:

**Complete the remainder of this form for your current or most recent employer.**

Are you Self-Employed? Yes No

Employer Name:  Job Title:

Employment Status: Full-time (more than 20hrs/wk) Part-time

Employment Start Date:  Supervisor Name:

Supervisor Phone:  Supervisor's Email:

Employers' EIN:  Employers' E-Verify Number:

Employer Address 1:

Employer Address 2:

City:  State:  Zip:

Previous Employment End Date:

I have not been previously employed

Name of previous employer, if applicable:

Please explain how this position is related to your major and degree level :(1000 character maximum)

Do you need a new I-20 printed with updated employer information?    Yes    No

If yes, please complete the mailing information below:

- I will personally pick it up at ISS.
- I authorize my friend to pick it up at ISS.

Name of friend

Friend's UIN (if applicable)

- Send it by regular U.S. Postal Service mail to the following address:

Street Address or P.O. Box

City:     State:     Zip Code:

Country:

- Send it by express mail at my expense. I will request shipment through eShipGlobal (<https://study.eshipglobal.com>).

Order Number:

### Student Responsibility Statement

I certify that the information provided is true and accurate. I have received and reviewed the OPT regulations and understand that I am required to update ISS with any employment updates as soon as they occur & no later than 10 days after the change takes place.

Signature: \_\_\_\_\_

Date:

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."