

F-1 24-Month STEM Optional Practical Training (OPT) Employment Reporting Form

Purpose of Form: An F-1 student authorized by USCIS to engage in the 24-month STEM extension of optional practical training (OPT) is required to report any employment, change of name, or change of address for the duration of the authorized training. They have access to report changes to address, telephone, and/or employment information through the SEVP Portal, which launched in March of 2018. However, ISS **requires** students who are currently authorized for STEM OPT to report their address, telephone, and/or employment information and all related changes **directly to ISS** by using this Employment Reporting Form. At this time, ISS **does not recommend** that F-1 students on STEM OPT report information through the SEVP Portal.

The purpose of this STEM OPT Employment Reporting Form is (1) to comply with all 24-month STEM OPT reporting responsibilities, as outlined at <http://iss.tamu.edu/Current-Students/F-1-Status/OPT-STEM-extension> and (2) to indicate whether you would like to receive an updated Form I-20 from ISS.

Deadlines: U.S. federal regulations require individuals on F-1 status to report any change of employment, change of address, or loss of employment *within 5 business days* to the school that recommended the STEM OPT. Your STEM OPT reporting requirement starts from the start date on your STEM Employment Authorization Document (EAD) card. ISS processing times are **5 to 10 business days** from the time the student's request is complete depending on urgency and peak times that may occur during the year.

Required Documents: (1) Completed STEM OPT Employment Reporting Form and (2) Additional documentation may be required and will be specified in the relevant sections below. If you have not already provided a copy of the front and back of your STEM EAD to ISS, please include a copy with this form.

Section 1: General Reporting - This section should be completed by all F-1 students on STEM OPT.

Section 1: General Reporting is required of all individuals submitting this form. In addition, please complete ALL remaining sections that are applicable to you. If a section does not apply to you, you may leave it blank or write "N/A" for not applicable.

1. Student First/Given Name: _____ Student Last/Family Name: _____
2. UIN: _____ Phone Number: _____ Non-TAMU E-mail: _____
3. What is your current address? (Where you physically reside in the U.S.)
Street Address: _____
City: _____ State: _____ Zip Code: _____
4. Did you update this address in the Howdy Portal as your "Student Local Physical" address type? Yes No
Note: If you did not update your address in the Howdy Portal, your request will be considered incomplete.

Student Responsibility Statement

- I certify that the information provided is true and accurate.
- I understand that I must update ISS with changes to my name, address, and phone within 10 days of a change.
- I verified my "Student Local Physical" address and "Student Local/Current" phone number in the Howdy Portal.
- I reviewed the STEM OPT information provided at <http://iss.tamu.edu/Current-Students/F-1-Status/OPT-STEM-extension> and understand that I must comply with all STEM OPT reporting requirements.

Please sign to confirm your understanding with the statements above:

Signature: _____ Date: _____

Section 2 of this form begins on the next page.

"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."

Section 2: Validation Reporting

Section 2: Validation Reporting is required 6, 12, and 18 months after the start date of the STEM EAD card.

This section does not apply to me.

Applicable Scenarios & Required Documents: *Mark which scenario best applies to your current reporting situation.*

- 6-month validation reporting: Submit this form even if no employment information has changed.
- 12-month validation reporting: Submit this form and a complete "Evaluation on Student Progress" (This is located at the top of page 5 on [Form I-983](#))
- 18-month validation reporting: Submit this form even if no employment information has changed.

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

Self-employment and/or uncompensated employment is not permitted during STEM OPT. All STEM OPT employment must be full-time (i.e. over 20 hours per week). If you have questions, please contact iss@tamu.edu or 979-845-1824.

1. Employment Start Date: _____ Job Title: _____
MM / DD / YYYY
2. Employer/Company Name: _____
3. Employer/Company EIN: _____ Employer/Company E-Verify #: _____
xx-xxxxxxx
4. Supervisor First/Given Name: _____ Supervisor Last/Family Name: _____
5. Supervisor Phone Number: _____ Supervisor Email Address: _____
6. What is your employment address? (Where you physically go to work in the U.S.)
Street Address: _____
City: _____ State: _____ Zip Code: _____

Student Responsibility Statement

- **I understand that if the employment information reported above is different in any way from the most recent Form I-983 that I submitted to ISS, I must also complete Section 3 on the next page.**

Please sign to confirm your understanding with the statement above:

Signature: _____ **Date:** _____

Section 3 of this form begins on the next page.

"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."

Section 3: Reporting Change(s) to STEM OPT Employment

Section 3: Reporting Change(s) is required if any of the characteristics of your STEM OPT employment have changed since you last submitted an Employment Reporting Form or a Form I-983 to ISS.

This section does not apply to me.

Required Documents: In addition to this form, also submit a new, fully completed Form I-983 to reflect the changes indicated below.

1. Which characteristics of your STEM OPT employment have changed? Check **all** that apply.

- Change in Employer/Company EIN (if you are changing employers, complete Sections 4 and 5 on the following pages)
- Reduction in compensation that is not tied to a reduction in hours worked
- Decrease in the number of hours worked per week
- Change in employer's commitments as documented on Form I-983
- Change in student's learning objectives as documented on Form I-983
- Change in Employer Name
- Change in Employer Address
- Change in Site Name
- Change in Site Address
- Change in Employer Official who completed Sections 4, 5, and/or 6 on Form I-983
- Change in contact information for Employer Official who completed Sections 4, 5, and/or 6 on Form I-983
- Change in job title.
 - o New job title: _____
- Other change. A new Form I-983 may be required.
 - o Describe what has changed: _____

Student Responsibility Statement

- **I understand that a new, fully completed Form I-983 must be submitted to ISS.**

Please sign to confirm your understanding with the statement above:

Signature: _____ **Date:** _____

Section 4 of this form begins on the next page.

"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."

Section 4: Reporting New Employment

Section 4: Reporting New Employment is required if you are adding a new STEM OPT employer.

This section does not apply to me.

Required Documents: In addition to this form, also submit a completed Form I-983 from each new employer. To report multiple STEM OPT employers, you will need to complete an Employment Reporting Form and a Form I-983 for each STEM OPT employer. If you also need to report end of employment, complete Section 5 on the next page.

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

Self-employment and/or uncompensated employment is not permitted during STEM OPT. All STEM OPT employment must be full-time (i.e. over 20 hours per week). If you have questions, please contact iss@tamu.edu or 979-845-1824.

1. Employment Start Date: _____ Job Title: _____
MM / DD / YYYY
2. Employer/Company Name: _____
3. Employer/Company EIN: _____ Employer/Company E-Verify #: _____
XX-XXXXXXX
4. Supervisor First/Given Name: _____ Supervisor Last/Family Name: _____
5. Supervisor Phone Number: _____ Supervisor Email Address: _____
6. What is your employment address? (Where you physically go to work in the U.S.)

Street Address: _____

City: _____ State: _____ Zip Code: _____

7. Are you currently, or will you be, employed by multiple STEM OPT employers simultaneously? Yes No
8. If you are currently, or you will be, employed by multiple STEM OPT employers simultaneously, note that each STEM employment position must be at least 20 hours per week, each STEM employer must participate in E-Verify, and each STEM employment position must meet all the STEM OPT eligibility requirements outlined at <http://iss.tamu.edu/Current-Students/F-1-Status/OPT-STEM-extension>. Please list each concurrent STEM OPT employment position below. Remember you must submit a separate Employment Reporting Form and a Form I-983 for each STEM OPT employer.

This question does not apply to me. I do not have multiple concurrent STEM OPT employers.

STEM OPT Employer/Company #1: _____ Employment Start Date: _____
MM / DD / YYYY

STEM OPT Employer/Company #2: _____ Employment Start Date: _____
MM / DD / YYYY

STEM OPT Employer/Company #3: _____ Employment Start Date: _____
MM / DD / YYYY

Student Responsibility Statement

- I understand that I may also need to report the end of previous STEM OPT employment in Section 5 on the next page.
- If I have multiple STEM OPT employers, ISS must receive a completed Employment Reporting Form and a Form I-983 for each STEM OPT employer.
- I am responsible for ensuring that my new employment meets all STEM OPT requirements.

Please sign to confirm your understanding with the statements above:

Signature: _____ **Date:** _____

Section 5 of this form begins on the next page.

"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."

Section 5: Reporting End of Employment

Section 5: Reporting End of Employment is required if you are ending STEM OPT employment with an employer.

This section does not apply to me.

Applicable Scenarios & Required Documents: *Mark which scenario best applies to your current reporting situation.*

- I am ending my employment with the current STEM employer and I am now unemployed. I am submitting the following required documents:**
 - This Employment Reporting Form
 - A completed “Final Evaluation on Student Progress” (bottom portion of page 5 on Form I-983)
 - An [ISS End of Employment Form](#) **completed by your employer**

- I am ending my employment with the current STEM employer and starting new STEM employment. I am submitting the following required documents:**
 - This Employment Reporting Form (make sure Section 4 is completed)
 - A completed “Final Evaluation on Student Progress” (bottom portion of page 5 on Form I-983)
 - An [ISS End of Employment Form](#) **completed by your employer**
 - A new Form I-983 for the new employer

- I am ending my STEM OPT employment in order to begin pursuing a new degree program and/or to have my F-1 SEVIS record transferred to another SEVP School. I am submitting the following required documents:**
 - This Employment Reporting Form
 - A completed “Final Evaluation on Student Progress” (bottom portion of page 5 on Form I-983)
 - An [ISS End of Employment Form](#) **completed by your employer**
 - You may also apply for either a [Change of Degree Level](#) or a [SEVIS Transfer Release](#).

- I have been approved for H-1B status and will remain employed with my current employer but my F-1 status and therefore my “STEM OPT employment” is ending. I am submitting the following required documents:**
 - This Employment Reporting Form
 - A completed “Final Evaluation on Student Progress” (bottom portion of page 5 on Form I-983)
 - A copy of the front and back of your H-1B Approval Notice from USCIS
 - Date the H-1B status will/did become effective: _____
MM / DD / YYYY

- I am changing to another immigration status not mentioned above. It may be helpful for me to schedule an appointment with an ISS advisor by calling 979-845-1824 to discuss my situation. I am submitting the following required documents:**
 - This Employment Reporting Form
 - A completed “Final Evaluation on Student Progress” (bottom portion of page 5 on Form I-983)
 - An [ISS End of Employment Form](#) **completed by your employer**
 - Specify the new immigration status: _____
 - Has the new immigration status been approved? Yes No
 - If yes, submit a copy of the USCIS Approval Notice and/or your new visa or electronic I-94 record.
 - If no, submit evidence to show your application is pending, such as a USCIS Receipt Notice.
 - Date the new immigration status will/did become effective: _____
MM / DD / YYYY

Complete the remainder of this section for the STEM OPT employment that is ending.

1. STEM Employment End Date: _____ Job Title: _____
MM / DD / YYYY

2. Employer/Company Name: _____ Employer/Company EIN: _____
XX-XXXXXXX

Student Responsibility Statement

- **I understand that if I begin new STEM OPT employment I must report it in Section 4 and submit a new Form I-983.**

Please sign to confirm your understanding with the statement above:

Signature: _____ **Date:** _____

Section 6 of this form begins on the next page.

“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.”

Section 6: Requesting an I-20

Section 6: Requesting an I-20 is required for any student who would like to receive a new Form I-20 with travel signature from ISS for the F-1 student and/or any F-2 dependents. The new I-20(s) should reflect the most up-to-date STEM OPT employment information provided to ISS.

This section does not apply to me.

1. Do you need a new I-20 printed with updated STEM OPT employment information? Yes No

2. 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. By default, ISS will use the address provided on page 1. You can enter an alternate mailing address here. *Note: Tracking service is NOT available for the regular USPS mailing option.*

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>)

eShipGlobal Order Number: _____

Student Responsibility Statement

- I understand that a new I-20 will not be generated until I have met all STEM OPT reporting requirements.
- I understand that if I have any F-2 dependents, I-20s will automatically be issued for each F-2 dependent and those I-20s will be signed for travel as well.
- I understand that during STEM OPT my travel signature is only valid for 6 months.

Please sign to confirm your understanding with the statement above:

Signature: _____ **Date:** _____