

# OPT EMPLOYMENT INFORMATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCC Student ID: 965 - - \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of OPT:  Post-completion  Pre-completion

- Post-completion OPT, the work must be for at least 20 hours per week.
- Pre-completion OPT, the work must be less than 20 hours per week while the classes are in session.

Major of Study: \_\_\_\_\_

OPT Start Date: \_\_\_\_\_ OPT End Date: \_\_\_\_\_

I will pick up my new OPT I-20.  Send my new OPT I-20 to the above address.

I am not employed at this time.

During post-completion OPT, F-1 status is dependent upon employment. Students may not accrue an aggregate of more than 90 days of unemployment during any post-completion OPT.

## Important!!

If you exceed the limit of unemployment, your SEVIS record will be terminated by SEVP.

I am currently employed. My employment type is:

- Regular paid employment
- Volunteer or unpaid intern
- Performing multiple short-term employment (see#1 below)
- Self employed work for hire (see#2 below)
- Self employed business owner (see#3 below)

1. Performing multiple short-term employment (gigs)  
*Students, such as musicians and other performing artists, may work for multiple short term employers (gigs). Maintain a list of all gigs, the dates & duration.*
2. Self employed work for hire  
*Students individual perform a service based on a contractual relationship rather than an employment relationship. If requested by DHS, students should be prepared to provide evidence showing the duration of the contract periods and the name and address of the contracting company.*
3. Self employed business owner  
*Students on OPT may start a business and be self-employed. The student should be able to prove that he or she has the proper business licenses and is actively engaged in a business related to his or her degree program.*

Name of Organization/Company: \_\_\_\_\_ EIN (if available): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Building/Apt #  
\_\_\_\_\_ City State Zip Code Telephone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Full-time (more than 20 hours a week)  Part-time (less than 20 hours a week)

**REQUIRED:** Explain how employment is related to your course of study (max 1000 characters)

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If you are working for multiple short-term employers (gigs), maintain a list of all gigs, the dates, and duration.

Do you have multiple employers?  Yes If yes, add information below.

Name of Organization/Company: \_\_\_\_\_ EIN (if available): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Building/Apt #  
\_\_\_\_\_ City State Zip Code Telephone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Full-time (more than 20 hours a week)  Part-time (less than 20 hours a week)

**REQUIRED:** Explain how employment is related to your course of study (max 1000 characters)

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If you are working for multiple short-term employers (gigs), maintain a list of all gigs, the dates, and duration.

### Student's Signature

#### Important!!

\*Employment must be directly related to major area of study

214.2(f)(10)(ii)(A)

(A) General. Consistent with the application and approval process in paragraph (f)(11) of this section, a student may apply to USCIS for authorization for temporary employment for optional practical training directly related to the student's major area of study. The student may not begin optional practical training until the date indicated on his or her employment authorization document, Form I-766. A student may be granted authorization to engage in temporary employment for optional practical training:

I understand that the employment based on an Optional Practical Training Employment that is not directly related to the major area of study would be considered a status violation.

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