

Optional Practical Training (OPT) (Pre/Post) Reporting Form

F-1 students participating in pre- or post-completion OPT must use this form to report changes to their personal or employment information and submit it to ISS@floridapoly.edu within 10 days of the change.

SECTION 1: Student Information

FL Poly ID: _____ SEVIS Number: _____

Last Name: _____ First Name: _____

I am currently participating in: Pre-Completion OPT Post-Completion OPT

SECTION 2: Personal Information Changes

New U.S. Address: *(include apartment/unit/room number, if any)*

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Email Address(es): _____

New Phone Number(s): _____

SECTION 4: Employment Changes *(New Employer requires submission of employer offer letter.)*

***Former Employer Name:** _____ **Start Date:** _____ **End Date:** _____

Reporting Unemployment: Start Date of Unemployment: _____ (see [unemployment best tips](#))

New Employer(s): *(If more than one employer, attach an additional sheet)*

Your Title: _____ Full Time (20 hours or more/week) Part-Time (Less than 20 hours/week)

New Employment Start Date: _____ New Employment End Date: _____

Employer Name: _____ Employer Identification Number (EIN): _____

Employer's Address: _____ City/State/Zip: _____

Supervisor's First/Last Name: _____ Supervisor's Title: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Job Description/Verify how new position relates to your major: _____

SECTION 6: Student Certification

I understand the employment requirements of OPT and confirm the following:

1. All my employment must be paid and related to the degree program listed on my I-20.
2. I must work 20 hours or more per week, and if I have multiple employers my total weekly employment between all employment must total at least 20 hours per week or more.
3. My Employer(s) must be enrolled in E-Verify and have an IRS Employer Identification Number (EIN).
4. Post-OPT allows up to 90 days of unemployment.
5. Pre-OPT does not have unemployment restrictions; regardless, if I work or not, the time for which I am authorized (pre-OPT) will be deducted from my 12-month OPT allowance (*i.e., the post-OPT allowance will be decrease*).
6. I understand if I do not report required changes within 10-days that my DSO is legally required to terminate my status in the SEVIS database due to a violation of F-1 status.

My signature certifies all information on this form is valid and that I am aware I must to comply with all [USCIS](#) requirements and regulations for OPT. I will contact ISS if I have any questions or changes within 10 days.

Signature/Date: _____