

Pre/Post Optional Practical Training (OPT) Reporting Form

F-1 students participating in pre or post-completion OPT are required to utilize use this form to report any changes to their personal or employment information while on OPT. Please return this form via email to [ISS](#). All changes must be reported within 10 days of the change to prevent violation of F-1 status and OPT employment eligibility.

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):** _____ *(verify if work or personal)*

___ **New Phone Number(s):** _____ *(verify if cell or home)*

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

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

___ **New Employer(s):** *If more than one employer attach an additional sheet with applicable information per employer*

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: _____

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

___ **Ending OPT Early:** *I plan to depart the US on **(departure date):** _____ and discontinue my pre/post-OPT early. I understand I must complete the [F-1 Student Departure Form](#) and provide travel date confirmation.*

SECTION 6: Student Certification

Student's Initials: _____ **I understand the employment requirements of OPT and confirm the following:**

1. All of my employment must be paid and be 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.
3. My Employer(s) must be enrolled in E-Verify and have an IRS Employer Identification Number (EIN).
4. I must be a bona fide employee of the employer; staffing companies (temp agencies) or employment through consulting firm arrangements that provide labor for hire are not permitted.
5. I can have up to 90 days of unemployment, and up to a total of 150 days of unemployment between my entire post-completion (post) OPT and STEM OPT period.
6. If I am on pre-OPT, I understand that unemployment does not have a restriction, however, if I actually 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 decreased).
7. I understand that if I do not report the 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, and that it is my sole responsibility to notify my DSO of changes (i.e., not my employer, or the DSO).

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: _____

Helpful Resources:

[Optional Practical Training OLM](#)

[Pre-OPT Guide](#)

[Post-OPT Guide](#)

[Traveling on OPT Guide](#)

[STEM OPT Request & Guidelines](#)