

OPT Employment Reporting Form

International Student Office • Collin College
2800 E. Spring Creek Pkwy., Plano, TX 75074

Phone: 972-516-5012 • <http://www.collin.edu/studentservices/international.html> • iso@collin.edu

Students on OPT are required to report any changes in employment, address, phone number, or email within 10 days of any change. You must report employment before the end of your 90 days of allowable unemployment (from start date of EAD card). You can only work during period listed on EAD card, and you must have the EAD to work. You are required to work in your major area of study over 20 hours per week. You may report multiple jobs or volunteer work to meet the Full-time/ over 20 hours per week requirement.

⇒ Report employment using this form, **OPT Reporting Form** AND the **SEVP Portal**.

⇒ **To Report using the SEVP Portal**, login to : <https://sevp.ice.gov/opt/#/login> Information about Portal: <https://studyinthestates.dhs.gov/sevp-portal-help> If you do not have access to your SEVP portal account, email iso@collin.edu.

⇒ To report employment through this form, submit a completed form (all sections must be answered, unless otherwise indicated) to iso@collin.edu. Print legibly as all information will be entered into SEVIS as presented on this form.

To be completed by the student: * Indicates Required Field

*Name: _____ *CW ID: _____

*Date of Birth: _____ SEVIS ID: _____

*Has your address changed? Yes _____ No _____

*Home Address (No P.O. Box): _____
Street Apt Number City State Zip Code

*Have you reported using your SEVP Portal? Yes _____ No _____

Employment Information:

*Is this your first job on this Post-Completion OPT? Yes _____ No _____

-If no, what was your last company's name & the end date? _____
Company Name Employment End Date

New Employment Information:

*Employment Start Date: _____ Employment End Date (not required): _____

*Do you work Full-time (over 20 hours per week) or Part-time? Full-time _____ Part-time _____

*Employer (Company) Name _____

*Employer Address: _____
Street Office Number (if any) City State Zip Code

* Job Title: _____ Employer EIN (Not required, but recommended) : _____

Supervisor's Name, Phone Number, & Email: _____

How does your employment related to your major area of study? *Required question, use additional page if necessary. * The answer must include how your degree on the I-20 relates to your position. A job description is not a sufficient response. If you have the AA or AS General Studies, you may describe how your coursework relates to the job. If the relationship between your employment and degree cannot be determined, you will be required to submit a letter from a professor in your field of study supporting that the job directly relates to your degree. _____

By signing my name here, I confirm that all information given is true.

* Signature: _____ *Date: _____