

OPT EMPLOYMENT VERIFICATION FORM

This form is required for all F-1 students on Post-Completion Optional Practical Training. **Complete this form and attach a copy of your EAD (Employment Authorization Document) card.** Submit to the Office of International Students & Scholars (OISS) by fax to (805) 893-7132 or by email to oiss@sa.ucsb.edu.

SECTION 1: STUDENT INFORMATION

Name:

(Surname/Family Name) (Given/First Name) (Middle Name)

E-Mail: _____

Phone: _____

SEVIS ID#: _____

Major: _____

Home Address:

(Street) _____

(City) _____ (State) _____ (ZIP Code) _____

SECTION 2: EMPLOYER INFORMATION

I am in F-1 status on OPT and am or have been employed:

Job Title or Position:

How does this job/position relate to you major/field of study?
(Include tasks and responsibilities that show you will gain applied experience that directly relates to your degree):

Employment Start Date: _____
(MM/DD/YYYY)

Employment End Date: _____
(Enter "Current" if still employed) (MM/DD/YYYY)

Full-Time (20+hours/week) **Part-Time** (>20 hours/week)

Employer/Company Name:

Employer's Address:

(Street)

_____/_____/_____
(City) (State) (Zip)

Employer Identification Number (EIN) _____

Supervisor's Name:

Supervisor Email: _____

Supervisor Telephone: _____

I am in F-1 status on OPT and have been unemployed during some or all of the validity of my EAD card.
Periods of Unemployment:
From _____ to _____

From _____ to _____

I have departed the U.S. and will not return to use my OPT.
My departure date was _____.
• Attach a copy of airline ticket or itinerary showing departure date.

I have changed my immigration status and am no longer using OPT.
• Attach a copy of I-797 approval notice, immigrant visa stamp, or permanent resident card showing new status.

SECTION 3: STUDENT CERTIFICATION

F-1 students with approved STEM Extension Optional Practical Training (OPT) are required to report to the UCSB Office of International Students & Scholars (OISS) any changes in their name and/or address, any changes in their employer's name and/or address, or any interruptions of their employment within 10 days of the change. I understand these requirements and will notify the UCSB Office of International Students & Scholars (OISS) accordingly.

Student Name

Student Signature Date

OISS AUTHORIZATION

Entered by: _____ Date: _____
