

## OPTIONAL PRACTICAL TRAINING EMPLOYER INFORMATION

During Optional Practical Training (OPT), you are required to notify the International Education Center (IEC) of 1) name and address of your employer, and 2) any changes in your name, address, or disruption of employment within 10 days of such change. For Post-Completion OPT, you may not be unemployed for an aggregate of 90 days or else you violate F-1 status. By your signature below you certify that you understand and agree to comply with your reporting obligations.

**Please attach a copy of your employment offer letter. Email both documents to [international@brookdalecc.edu](mailto:international@brookdalecc.edu).**

### Please Print

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

Student ID#: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Explain how your employment is related to your major (1000 character limit)

Self Employed:  Yes  No Employer EIN : (optional) \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

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

Full Time :  more than 20 hours per week Part Time:  20 hours or less per week

### Provide the complete address of your employer

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### Supervisor Information

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I certify that this information is true and correct. I will notify the IEC within 10 days if any of the information on this form changes.

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