

1765 Stadium Road, 170 HUB Gainesville, FL 32611-3225 352-392-5323 (Tel) 352-392-5575 (Fax)

OPT Reporting Form

Complete the two-page form **electronically** and save it as **PDF** to report changes in your employment and home address while on OPT or STEM OPT. Report changes within ten days; if no changes, provide a report every six months indicating your information is the same. For more information regarding reporting, click here.

Last Name	First Name	UFID	Telepho	one Number
US Home Address	and Apt. #, if any (No PO Box)	City	ST	Postal Code
Current Employme	nt Information			
	red (not allowed while on STEM OPT)?	\square NO	☐ YES	
Employer/Company	Name:			
Formal and STATE OF THE STATE O	(If employed by a university, pleas		•	•
	Number:			
-	(Required for STEM O		e not on STEM	OPI)
	Address:			
	t address of the primary location where em			_
	employment, this may be a residence, office State:			
City	State	'	ostal code	
Job/Position Title:				
Employment/Job Sta	art Date: (/	Please provide the da	te you started y	our current job)
Hours per Week:	(numeric data only:	: 0-9 and decimal p	oint)	
Is the Employment	\square Paid or \square Unpaid/Volunteer (u	npaid employment is	not allowed du	ring STEM OPT).
Name of Supervisor	(Last/Surname, First/Given Name):			
	Number: Superv			
,	33.p31.			
Explain how employ	ment is directly related to your major	field/course of stud	dv:	
	b duties and explain how the employme		•	r field of study.
. , ,	racters; aim for 3-4 sentences, provided in	_		
description is exactly w	hat will be entered into your SEVIS record;	please use the approp	priate level of f	ormality. (PLEASE
NOTE that SEVIS will n	ot allow us to use more than 1000 charact	ers).		

The Foundation for The Gator Nation
An Equal Opportunity Institution



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Last Name	First Name	UFID	Telephone Number
Previous Employme	ent Information		
		oformation about the previo	us employer/company. Please note this
	ment during the time you have be		as employer, company. I lease note this
Employer/Company	Name		
Employer/Company		:	ersity as well as name of department)
Employment/lob Cts		• •	
			date you started your previous job)
			late you last worked at previous job)
Hours per Week:	(numeric do	ita only: 0-9 ana aecima	l point)
Explain how employ	ment is directly related to you	r major filed/course of s	tudy:
Describe 3-5 of your jo	b duties and <mark>explain how the en</mark>	ployment is directly rela	ted to your major field of study.
	racters; aim for 3-4 sentences, pro		
			propriate level of formality. (PLEASE
NOTE that SEVIS will n	ot allow us to use more than 1000) characters).	
Updated I-20 Requ			
	ment and home address does NO		
			Signature. The Travel Signature is valid
		_	2016, it is valid through August 31,
=	=	_	e expires, please request an updated
	least two – four weeks prior to you		
			rmation in the Remarks section on page
			re changing employers to Company B,
			f no employer information is indicated
on the 1-20, a chang	ge in employer while on OPT does	not necessarily need to be	trialcated on the 1-20.
Do you need an updat	ed I-20 as a result of this OPT rep	oort?	☐ YES
If you request a new I-2	20, you will receive an email when	it is ready for pick up or m	ailing. Please allow 5-7 business days.
Please Note: This I-	20 cannot be used to annly	for STFM Extension OP	T. Please read the instructions listed
	o apply for STEM OPT. If you have		
THE IT YOU WOULD TIKE I	o upply for STEFF OF 1. If you have	any questions, pieuse com	act your specific <u>r 1 Advisor.</u>
Acknowledgment:			
			above is true and accurate, all work
			ore per week (even if through multiple
			ment throughout the Standard OPT.
		vith E-Verified Employers ar	nd you understand you cannot exceed an
	ve days of unemployment.	.d	
Please type your nam	ne to acknowledging reading ar	ia acceptance of the abou	re: