

OPT Employment/Address Reporting Form

(For Students on OPT or STEM OPT)

Instructions: Please fill in the requested information below, save the document with your last and first name as the file name, and return by email to blewis@ncu.edu. If you change employers while on OPT, please list your employers below in the order of employment. For example, your first employer should be listed in the field “Employer 1,” your second employer should be listed in the field “Employer 2” and so on. Use another sheet if necessary.

CONTACT INFORMATION	
Today's Date	
Last/Family Name	
First/Given Name	
Middle Name	
Banner ID#	
Date of Birth (mm/dd/yyyy)	
Cell Phone Number	
NCCU Email Address	
Alternate Email Address	
Local Home Address (Line 1)	
Local Home Address (Line 2)	
City	
State	
Zip Code	
EMPLOYMENT STATUS INFORMATION	
Please indicate your current employment status, type of employment and other employment information requested below.	
Please indicate which type of OPT you currently using: <input type="checkbox"/> Post-completion OPT (12 months) <input type="checkbox"/> 24-month STEM Extension	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please indicate your last date of employment here) ___/___/___ <div style="text-align: right; font-size: small;">MM DD YYYY</div>
Indicate your current type of employment:	<input type="checkbox"/> Employed with One Employer (list name, start date, and address below) <input type="checkbox"/> Employed with Multiple Employers on Short-Term Basis or Gigs (performing artists) – (list beginning date of first gig) <input type="checkbox"/> Self-Employed Independent Contractor (list start date of the contract) <input type="checkbox"/> Self-Employed Business Owner (list address, date you started business) <input type="checkbox"/> Volunteer
EMPLOYER 1:	
Name of New Employer	
Full Time (more than 20 hours per week) or Part-Time (if part-time, enter number of hours worked per week)	
Employer EIN (Employment Identification Number)	
Last Name of Supervisor	
First Name of Supervisor	
Supervisor's Telephone Number and Email Address	
Your Job Title	
Employment Start Date (mm/dd/yyyy)	
Employer's Address (Line 1)	
Employer's Address (Line 2)	
City	
State	
Zip Code	
Explain how employment is related to your major or course of study (Max 1000 characters)	

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EMPLOYER 2:	
Name of Previous Employer	
Ending Date of Employment with the Previous Employer (mm/dd/yyyy)	
Name of New Employer	
Full Time (more than 20 hours per week) or Part-Time (if part-time, enter number of hours worked per week)	
Employer EIN (Employment Identification Number)	
Last Name of Supervisor	
First Name of Supervisor	
Supervisor’s Telephone Number and Email Address	
Job Title	
Employment Start Date (mm/dd/yyyy)	
Employer’s Address (Line 1)	
Employer’s Address (Line 2)	
City	
State	
Zip Code	
<p>Explain how employment is related to your major or course of study (Max 1000 characters)</p>	

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EMPLOYER 3:	
Name of Previous Employer	
Ending Date of Employment with the Previous Employer (mm/dd/yyyy)	
Name of New Employer	
Full Time (more than 20 hours per week) or Part-Time (if part-time, enter number of hours worked per week)	
Employer EIN (Employment Identification Number)	
Last Name of Supervisor	
First Name of Supervisor	
Supervisor’s Telephone Number and Email Address	
Job Title	
Employment Start Date (mm/dd/yyyy)	
Employer’s Address (Line 1)	
Employer’s Address (Line 2)	
City	
State	
Zip Code	
Explain how employment is related to your major or course of study (Max 1000 characters)	

FOR USE BY THE OFFICE OF INTERNATIONAL AFFAIRS ONLY

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Rev 5/25/17