



Website: https://isss.unc.edu General office email: isss@unc.edu

OPT EMPLOYMENT REPORTING FORM

Students approved for Optional Practical Training (OPT) are required to report the start of employment, termination of employment, changes to employer details, and changes to residential address, phone number, and/or email address within 10 days of any change. To report this information, students should email the following items to their <u>International Student Advisor</u>:

- 1. Completed OPT Employment Reporting Form
- 2. Scanned copy of the front and back of your EAD, if you have not already submitted it
- 3. Students on the 24-month STEM Extension ONLY:
 - a. Completed Form I-983 for new employer or updated Form I-983 (if reporting material changes with current employer)
 - b. Self-Evaluation (Page 5 of Form I-983) for previous employer, if changing employers

For additional information please review the ISSS website at https://isss.unc.edu/student-employment/opt/.

STUDENT INFORMATION		
Last Name:	First Name:	PID:
Date of Birth (mm/dd/yyyy):	SEVIS ID:	Today's Date:
U.S. ADDRESS AND CONTACT INFORMAT	ION	
Please log into ConnectCarolina to update the followand Preferred Email Address. Your current address information in ConnectCarolina. Please note that the once reported in SEVIS (if it has not been already), votreet Address:	and contact information must also be confirmed in Sevis. The entitle of the email you use for access to the SEVP	d below and match the nail address you indicate below, Portal.
City:	State: Zip C	lode:
Email for SEVP Portal access*:	Phone Numb	oer:
*Please indicate the email address you want to have account. This may be either a unc.edu email address	·	to access your SEVP Portal
FORM SUBMISSION REASON(S)		
Select the reason(s) you are submitting this form. Pr form (use additional pages of the form as necessary	to indicate all employment held thus far within	
☐ I am reporting employment information for		
• •	ange in my current employment. Idated travel signature (and confirming my employment) Iding the 24-month STEM extension of OPT.	ployment/contact information).

I-20 ISSUANCE

Students reporting new employment, the termination of previous employment, a change in employment information, or requesting a travel endorsement will be issued a new Form I-20. The new Form I-20 will be sent to the student via email. The student should then review the I-20 for accuracy and, if all information is correct, print out the new I-20 and sign it at the bottom of page 1.

Name of Company or Institution:							
Start Date (mm/dd/yyyy):	End Date, if applicable (mm/dd/yyyy)	·		_ Hours	per Week: _	
Employer's Address:		Suite	Building	Apt	Floor	number:	
City:	State:				Zip Code	:	
Are you currently working at a location other	er than your employer's	address, lis	ted above:			YES	NO
If yes, select the worksite type: Client	Company Branch	Home/Ren	note Otl	ner (sp	ecify):		
Client Name, if applicable:							
Address of Physical Location of Work, if yo	u indicated YES above:						
Street Address:		Suite	Building	Apt	Floor	Number:	
City:	State:				Zip Code	:	
JOB RELATION TO MAJOR							
Describe HOW your employment relates to reported in SEVIS):	your degree/major area	or study. (Note. your	exact	wording ai	пи ехріапаціо	ii wiii be
EMPLOYER 2							
Name of Company or Institution:							
Start Date (mm/dd/yyyy):	End Date, if applicable					s per Week: _	
Employer's Address:		Suite	Building	Apt	Floor	number:	
City:	State:				Zip Code	:	
Are you currently working at a location other	er than your employer's	address, lis	ted above:			YES	NO
If yes, select the worksite type: Client Client Name, if applicable:		Home/Ren					
Address of Physical Location of Work, if yo	u indicated YES above:						
Street Address:		Suite	Building	Apt	Floor	Number:	
City:	State:				Zip Code	:	
JOB RELATION TO MAJOR							

EMPLOYER 1

Describe **HOW** your employment relates to your degree/major area of study. (Note: your exact wording and explanation will be reported in SEVIS):

Start Date (mm/dd/yyyy):	End Date, if applicable	(mm/dd/yyyy	/):		Hou	rs per Week:	
Employer's Address:		Suite	Building	Apt	Floor	number:	
City:	State:				Zip Code	e:	
Are you currently working at a locat	tion other than your employer's	address, lis	sted above:			YES	NC
If yes, select the worksite type:	Client Company Branch	Home/Rei	mote Ot	her (sp	ecify):		
Client Name, if applicable:							
Address of Physical Location of Wo	ork, if you indicated YES above:						
Street Address:		Suite	Building	Apt	Floor	Number:	
City:	State:				Zip Code	e:	
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	elates to your degree/major are	a of study.	(Note: your	exact	wording a	and explanat	ion will b
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EMPLOYER 4						and explanat	ion will b
EMPLOYER 4 Name of Company or Institution:	End Date, if applicable	(mm/dd/yyyy			Hou		
reported in SEVIS): EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy):	End Date, if applicable	(mm/dd/yyyy Suite	r): Building	Apt	Hou Floor	rs per Week:	
EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address:	End Date, if applicable	(mm/dd/yyyy Suite	v): Building	Apt	Hou Floor	rs per Week: number:	
EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City:	End Date, if applicable	(mm/dd/yyyy Suite	Building	Apt	Hou Floor Zip Code	rs per Week: number: e:	NC
EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a local If yes, select the worksite type:	End Date, if applicable State: tion other than your employer's	(mm/dd/yyyy Suite address, lis	Building sted above:	Apt ———	Hou Floor Zip Code secify):	rs per Week: number: e: YES	NC
EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a local If yes, select the worksite type:	End Date, if applicable State: tion other than your employer's Client Company Branch	(mm/dd/yyyy Suite address, lis	Building sted above:	Apt ———	Hou Floor Zip Code secify):	rs per Week: number: e: YES	NC
EMPLOYER 4 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a locat If yes, select the worksite type: Client Name, if applicable:	End Date, if applicable State: tion other than your employer's Client Company Branch ork, if you indicated YES above:	(mm/dd/yyyy Suite address, lis	Building sted above:	Apt ———	Hou Floor Zip Code ecify):	rs per Week: number: e: YES	NC

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EMPLOYER 3

Describe **HOW** your employment relates to your degree/major area of study. (Note: your exact wording and explanation will be reported in SEVIS):

Start Date (mm/dd/yyyy):	End Date, if applicable	(mm/dd/yyyy	/):		Hou	rs per Week:	
Employer's Address:		Suite	Building	Apt	Floor	number:	
City:	State:				Zip Code	e:	
Are you currently working at a locat	tion other than your employer's	address, lis	sted above:			YES	NC
If yes, select the worksite type:	Client Company Branch	Home/Rei	mote Ot	her (sp	ecify):		
Client Name, if applicable:							
Address of Physical Location of Wo	ork, if you indicated YES above:						
Street Address:		Suite	Building	Apt	Floor	Number:	
City:	State:				Zip Code	e:	
reported in SEVIS):	elates to your degree/major are	a of study.	(Note: your	exact	wording a	and explanat	ion Will b
	elates to your degree/major are	a of study.	(Note: your	exact	wording a	and explanat	ion Will b
reported in SEVIS):	elates to your degree/major are	a of study.	(Note: your	exact	wording a	and explanat	ion Will b
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EMPLOYER 6							
EMPLOYER 6 Name of Company or Institution:	End Date, if applicable	(mm/dd/yyyy			Hou		
reported in SEVIS): EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy):	End Date, if applicable	(mm/dd/yyyy Suite	/): Building	Apt	Hou Floor	rs per Week:	
EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address:	End Date, if applicable	(mm/dd/yyyy Suite	ι): Building	Apt	Hou Floor	rs per Week: number:	
EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City:	End Date, if applicable	(mm/dd/yyyy Suite	n):Building	Apt	Hou Floor Zip Code	rs per Week: number: e:	NC
EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a local If yes, select the worksite type:	End Date, if applicable State: tion other than your employer's	(mm/dd/yyyy Suite address, lis	y): Building sted above: mote Ot	Apt	Hou Floor Zip Code secify):	rs per Week: number: e: YES	NC
EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a local If yes, select the worksite type:	End Date, if applicable State: tion other than your employer's Client Company Branch	(mm/dd/yyyy Suite address, lis	y): Building sted above: mote Ot	Apt	Hou Floor Zip Code secify):	rs per Week: number: e: YES	NC
EMPLOYER 6 Name of Company or Institution: Start Date (mm/dd/yyyy): Employer's Address: City: Are you currently working at a local If yes, select the worksite type: Client Name, if applicable:	End Date, if applicable State: State: Client Company Branch Sork, if you indicated YES above:	(mm/dd/yyyy Suite address, lis	Building sted above:	Apt	Hou Floor Zip Code ecify):	rs per Week: number: e: YES	NC

EMPLOYER 5

Describe **HOW** your employment relates to your degree/major area of study. (Note: your exact wording and explanation will be reported in SEVIS):